



Psychological and Substance Abuse Services, Inc.

21250 Box Springs Rd. Ste. 201., Moreno Valley, CA 92557 Phone 951.335.5858 Fax 951.335.5870

PATIENT INFORMATION

First Name _____ MI _____ Last Name _____

Birthdate ____/____/____ Age ____ Marital status? _____

Sex _____ Gender Identity _____ Preferred Name _____

Social Security Number ____/____/____ Main Phone _____

Address _____ City _____ State _____ Zip code _____

What is your current occupation status? Employed Retired Disabled Other _____

INSURANCE INFORMATION

Insurance Company _____

Policy/ ID No. _____

Group No. _____ Insurance Phone No. _____

Subscriber Name _____ DOB _____

PARENT/GUARDIAN INFORMATION (CHILD ONLY)

First Name _____ MI _____ Last Name _____

Date of Birth ____/____/____ Social Security Number ____/____/____

Relation to Patient _____ Custody _____

Address _____ City _____ State _____ Zip code _____

Email Address _____ Phone No _____

Other Parent Name _____ Phone No _____

REFERRAL SOURCE

Name _____

PCP Insurance Self Family/Friend Website/Online Treatment Center

BH Specialist Other _____