

Dayspring Center for Christian Counseling
123 Sand Mountain Drive NW
Albertville, AL 35950
256-878-3809 (office) 256-878-8022 (fax)
www.dayspringcc.us

Date _____

Patient Name _____ Date of Birth _____ Gender: M or F
Last First Middle

Parent's / Guardian's Name _____ Mother's Maiden Name _____
(If Patient is Under 18)

Street Address _____ City/State _____ Zip _____

Patient Social Security Number _____ Referred By _____

Home Phone _____ [] Please put a check next to the preferred way that you wish to
be contacted the day before to confirm your appointment.

Work Phone _____ []

Cell Phone _____ [] How do you wish to be notified: Do Not Call
(circle one) Call Anytime, No Messages

Email _____ [] Call Anytime, Leave Message

Marital Status _____ Spouse's Name _____ Family Physician _____

Emergency Contact/Relationship to Patient _____ Phone # _____

EMPLOYMENT INFORMATION

Responsible party's employer _____ Work # _____

Spouse's employer _____ Work # _____

PRIMARY INSURANCE INFORMATION

Name of Insured _____ Date of Birth _____ SS# _____

Name of Insurance Company _____ Ins. Phone # _____

Plan # _____ Group # _____

ADDITIONAL INSURANCE COVERAGE

Name of Insured _____ Date of Birth _____ SS# _____

Name of Insurance Company _____ Ins. Phone # _____

Plan # _____ Group # _____