

**Empower Psychiatry & Sleep LLC.**  
**3390 Paddocks Pkwy, Suite 200, Suwanee, GA 30024**  
**770-615-0226**

**PATIENT INFORMATION**

Date \_\_\_\_\_  
First name \_\_\_\_\_ Last \_\_\_\_\_ M.I. \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_  
Marital Status: S M D W Sex: M F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Email Address \_\_\_\_\_  
Employer address \_\_\_\_\_

**SPOUSE/GUARDIAN**

Spouse/Guardian \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Employer Name \_\_\_\_\_  
Soc Sec.# \_\_\_\_\_  
Address (if different) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**Pharmacist Information:**

Phone \_\_\_\_\_ Address: \_\_\_\_\_

**INSURED OR RESPONSIBLE PARTY (POLICYHOLDER) INSURANCE INFORMATION** Primary

Insurance Company \_\_\_\_\_  
Policy Holder Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
Soc. Sec.# \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Member ID \_\_\_\_\_ Group Number \_\_\_\_\_ Effective Date \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Secondary Insurance Company \_\_\_\_\_  
Policy Holder Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
Soc. Sec.# \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Member ID \_\_\_\_\_ Group Number \_\_\_\_\_ Effective Date \_\_\_\_\_

I hereby assign medical benefits to which I am entitled to this office, unless revoked by me in writing. I authorize any information needed to be released to my insurance company for the purpose of authorizing and processing my claims. I understand that I am fully responsible for, and will assume all my charges not paid by my insurance. **I UNDERSTAND THAT I WILL BE CHARGED IN FULL FOR ANY APPOINTMENTS NOT KEPT UNLESS 48 HOURS NOTICE IS GIVEN TO THE OFFICE.**

Signature of Patient/Guardian \_\_\_\_\_ Date \_\_\_\_\_