

CHILD & FAMILY COUNSELING CENTER

PATIENT UPDATE FORM

2021

PLEASE COMPLETE ALL THE FOLLOWING SO WE MAY KEEP YOUR
RECORDS UPDATED
THANK YOU VERY MUCH!

DATE: _____

Patient Name _____ DOB: _____

Responsible Party _____ DOB: _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ Cell _____

Work _____

Is it OK to leave messages...at home? YES NO
at your job? YES NO
on you cell? YES NO

Current Insurance Company: _____

Name of Policy Holder: _____

Policy Holder D.O.B. _____

Pharmacy Name: _____

Pharmacy Phone: _____ Pharmacy Zip Code _____

Primary Care Doctor Name _____

Phone # _____

**PLEASE GIVE INSURANCE CARD TO
RECEPTIONIST TO BE COPIED.**



AUTHORIZATION FOR RELEASE OF INFORMATION

Patient Name _____ Date of Birth _____

I authorize: Child and Family Counseling Center
13649 Office Place, Ste. 102
 I do NOT authorize Woodbridge, VA 22192

_____ to exchange with _____ to disclose to _____ to obtain from

Fax # _____

the following information:

- | | |
|---|--|
| <input type="checkbox"/> medical records | <input type="checkbox"/> laboratory reports |
| <input type="checkbox"/> educational records | <input type="checkbox"/> behavioral report |
| <input type="checkbox"/> psychiatric evaluation | <input type="checkbox"/> teacher report |
| <input type="checkbox"/> psychological evaluation | <input type="checkbox"/> treatment/discharge summary |
| <input type="checkbox"/> neurological evaluation | <input type="checkbox"/> other information (below) |
| <input type="checkbox"/> ongoing verbal/written communication | _____ |

Approximate dates of service: _____

for the purpose of : facilitating treatment emergencies only court report

I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event this consent expires automatically as described below.

I allow the listed agency to accept a copy of this form as a valid consent to release information. This consent includes information which is placed in the record after the date this consent was signed, unless noted otherwise.

This consent expires on the date the chart is closed OR as specified here on/when _____

Client or Parent Signature _____ Date _____ Witness Signature _____ (2-9-11)