



Pearl City PSYCHIATRY

228 W 2nd Street
Muscatine, IA 52761
Phone: 563-278-2796
Fax: 563-513-0385

PATIENT DEMOGRAPHICS

PATIENT INFORMATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____
DOB: _____ GENDER: _____ ETHNICITY: _____
ADDRESS: _____ APARTMENT NO: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE NUMBER: _____ OK TO LEAVE MESSAGE (circle) YES NO
EMAIL: _____
EMPLOYER: _____ OCCUPATION: _____
SCHOOL ATTENDING: _____ GRADE: _____
PRIMARY CARE PROVIDER: _____ PHONE: _____
THERAPIST: _____ PHONE: _____
PARENTS/GUARDIAN (IF MINOR): _____
EMERGENCY CONTACT: _____ PHONE: _____

BILLING (Adult responsible for payment of charges not covered by insurance)

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____
DOB: _____ SSN: _____ DRIVERS LICENSE: _____
ADDRESS: _____ APARTMENT NO: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE NUMBER: _____ OK TO LEAVE MESSAGE (circle) YES NO

INSURANCE INFORMATION

The primary insurance is usually based on the earliest birthday of the subscribers

PRIMARY INSURANCE: _____
ADDRESS: _____ PHONE: _____
EMPLOYER: _____
SUBSCRIBER/MEMBER NAME: _____ DOB: _____
SUBSCRIBER ID NUMBER: _____ GROUP/POLICY NUMBER: _____
RELATIONSHIP TO PATIENT: _____

SECONDARY INSURANCE: _____
ADDRESS: _____ PHONE: _____
EMPLOYER: _____
SUBSCRIBER/MEMBER NAME: _____ DOB: _____
SUBSCRIBER ID NUMBER: _____ GROUP/POLICY NUMBER: _____
RELATIONSHIP TO PATIENT: _____