BHFS Medical & Behavioral Services
860 Hebron Parkway, Suite 302
Lewisville, TX 75057
Ph: 866-943-7779
F: 214-260-9888
www.behaviorfamily.com

NEW PATIENT REGISTRATION

Date:_____

Patient's Name: _____

Age: _____ DOB: _____

Gender: □ Male □ Female □ Other □ Prefer not to specify

Address: _____

City/State: _____ Zip: _____

Cell Phone: _____

Parent/Guardian Name (if patient is a minor):_____

Email:_____

INSURANCE INFORMATION

Name of Patient Insured:_____

Relation to Patient: _____DOB of Responsible Party: _____

Insurance: _____

Subscriber #: _____