



Lloyd C. Alcera, MD  
Psychiatrist

Edelquinne A. Jacildo, APN  
Psychiatric Nurse Practitioner

Natalie C. Eisenhower, APN  
Psychiatric Nurse Practitioner

John C. Devine, APN  
Psychiatric Nurse Practitioner

**Patient Information:**

Last Name		First Name		MI	Sex / Gender	Marital Status	Birth Date
Address			City	State		Zip	Primary Phone #
Employer / Occupation		Highest Education	Ethnicity	SS #		Secondary Phone #	
Referred to:	Referred by:	Preferred Method of Contact			Email address		

**Responsible Party (if patient is a minor or not financial guarantor):**  Same As Above

Last Name		First Name		MI	Sex / Gender	Marital Status	Birth Date
Address			City	State		Zip	Primary Phone #
Employer / Occupation		Preferred Contact	SS #	Email address		Secondary Phone#	

**Emergency Contact:**

Last Name		First Name		MI	Sex	Marital Status	Relationship
Address			City	State		Zip	Primary Phone#
Primary Method of Contact			Email Address			Secondary Phone #	

**Insurance Information:**

Primary Insurance Company		Group #	Policy #	Phone #
Prescription Insurance Company		Group #	Policy #	Phone #

*I hereby acknowledge and accept financial responsibility for charges incurred by the above named patient while under the care of New Age Behavioral.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**AUTHORIZATION OF RELEASE OF INFORMATION**

*I hereby authorize the New Age Behavioral to provide information gained through history, physical exam, progress notes, EKG, and labs to aid in processing any future insurance claims if necessary.*

Signature \_\_\_\_\_

Date: \_\_\_\_\_