

# Deborah Serani, Psy.D.

12 Ivy Hill Drive, Smithtown New York 11787  
631.366.4674

## Patient Registration Form

Patient Name: \_\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M/F (Circle One) Married/Single/Divorced/Widow

Address: \_\_\_\_\_  
(Street) (City/State/Zip)

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ E-Mail Address: \_\_\_\_\_

Are you retired? \_\_\_\_yes \_\_\_\_no

Are you in working? \_\_\_\_yes \_\_\_\_no

Employer Name: \_\_\_\_\_ Employer Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Employer Address: \_\_\_\_\_  
(Street) (City/State/Zip)

### Who to call for an emergency:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Relationship: \_\_\_\_\_

### Primary or Medicare Insurance Information

Plan Name: \_\_\_\_\_ I.D. Number: \_\_\_\_\_

Address: \_\_\_\_\_ Group Number: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Policy Holder's Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sex: M / F

### Secondary Insurance Information

Plan Name: \_\_\_\_\_ I.D. Number: \_\_\_\_\_

Address: \_\_\_\_\_ Group Number: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Policy Holder's Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sex: M / F

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

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