Holistic Approach Mental Health, LLC

7452 Baltimore-Annapolis Blvd, Suite 107
Glen Burnie, MD 21061
410-766-1544 Fax 410-766-1551

Name: _____
First MI Last

Date of Birth:_____ Social Security #_____

Address:_____

City:_____ State:_____ Zip:_____

Phone: (H)_____ (W)_____ (C)_____

*Complete the following information if patient is a minor

Mother:_____ Father:_____

Phone:_____Phone:_____

Legal guardian:_____ Relationship:_____

Phone:_____

Who does the child live with? _____

Insurance Information

Primary Insurance:_____

Policy #:_____Group #:_____

Policy Holder Name:_____DOB:_____

Employer:_____Relationship to patient:_____

Secondary Insurance:_____

Policy #:_____Group #:_____

Policy Holder Name:_____DOB:_____

Relationship to patient:_____

_____

Signature of Subscriber or Beneficiary **Date**