## Curtis J. Birky, Ph.D

## Licensed Masters Social Worker

Office & Mailing Address: 7139 114<sup>th</sup> St. Glenn, MI Phone & Fax: 269-227-0004 Satellite Office: 2420 Viridian Drive South Bend, IN Phone: 574-234-8077

Contact Information									
Name									
Address									
City			St	Zip					
Phone: Home	ne: Home Mo		pile Work						
Birth Date	Date S.S. Number (If you are using insurance)								
Marital Status Single	Married	Partnered	Gender	M F	Т				
Physician			Phone						
Medications:									
Previous Counseling? Yes	s No	Previous Psycl	niatric Services?	Yes	No				
Occupation									
Employer									
Are you planning to use insur	ance?	Yes No	If Yes, please fill	out the rema	inder of this forn	n			

## **Insured Information**

Patient Relationship to Insured:	Self S	Spouse	Child	Other		
If "Patient Relationship to insured" insured go directly to <b>Insurance Po</b>			se comple	ete the following.	If patient is the	e
Insured's Name						
Address						
City				St	Zip	
Phone: Home	Mobile			Work		
DOB	S.S. Number					
Employer						
Insurance Policy Information						
Medicare Medicaid Ch	nampUS	ChampVA	Gro	oup Health Plan	FECA	Other
Insurance Company						
Address						
City				St	Zip	
Plan Name						
Policy Number		Group Num	ber			
If patient is covered by another insu	rance plan	as well, plea	se fill out	the next section o	of the form.	

## **Secondary Insurance Policy Information**

Policy Number

Medicare Medicaid ChampUS ChampVA Group Health Plan FECA Other

Insurance Company

Address

City St Zip

Plan Name

**Group Number**