

# The Professional Group

7055 C Veterans Blvd, Burr Ridge, IL 60527 ~ Telephone (630) 325-4899; Fax (630) 325-4811 ~ www.cypressprofessionalgroup.com

## NEW PATIENT INFORMATION

(PLEASE PRINT AND COMPLETE ALL ENTRIES)

**APPOINTMENT WITH:**

\_\_\_\_\_ E.V. BERNARDINO, M.D. \_\_\_\_\_ R. L. AVVA, M.D. \_\_\_\_\_ L. A. STULL, D.O. \_\_\_\_\_ R. M. ALFORD, PHD  
 \_\_\_\_\_ B. J. DRELICHARZ, LCSW \_\_\_\_\_ A. K. LABASH, LCSW \_\_\_\_\_ B. L. MIKLOS, LSCW \_\_\_\_\_ C. T. PIERCE, PSYD \_\_\_\_\_ E. D. SMITH, PSYD

DATE: \_\_\_\_\_

PATIENT NAME (Last, First , MI)		MARITAL STATUS S M W D SEP	SEX M F	AGE	DATE OF BIRTH ____/____/____
ADDRESS (STREET)		CITY	STATE		ZIP CODE
OCCUPATION	MOBILE PHONE ( )	WORK PHONE & EXTN ( )	HOME PHONE ( )	EMAIL ADDRESS	
SPOUSE'S NAME (LAST, FIRST, MI)		DATE OF BIRTH ____/____/____	TELEPHONE	EMAIL ADDRESS	
SPOUSES'S ADDRESS, IF DIVORCED OR SEPARATED (STREET)		CITY	STATE		ZIP CODE
FATHER'S NAME (LAST, FIRST, MI)	DATE OF BIRTH ____/____/____	MOBILE PHONE ( )	HOME PHONE ( )	WORK PHONE & EXTN ( )	
MOTHER'S NAME (LAST, FIRST, MI)	DATE OF BIRTH ____/____/____	MOBILE PHONE ( )	HOME PHONE ( )	WORK PHONE & EXTN ( )	
EMERGENCY CONTACT (LAST, FIRST, MI)	RELATIONSHIP	HOME PHONE ( )	WORK PHONE & EXTN ( )	MIOBILE/PAGER ( )	

HOW DID YOU HEAR ABOUT OUR OFFICE?

<input type="checkbox"/> FAMILY MEMBER	<input type="checkbox"/> SCHOOL
<input type="checkbox"/> FRIEND	<input type="checkbox"/> SEMINAR
<input type="checkbox"/> PHYSICIAN REFERRAL. NAME? _____	<input type="checkbox"/> INTERNET
<input type="checkbox"/> THERAPIST REFERRAL. NAME? _____	<input type="checkbox"/> OTHERS _____

WHO IS FINANCIALLY RESPONSIBLE FOR THIS SERVICE?	RELATIONSHIP	HOME PHONE ( )	ADDRESS (STREET, CITY, STATE & ZIP)
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HOW WILL THE BILL BE PAID TODAY?

CASH    CHECK    VISA    MASTERCARD    DISCOVER    AMERICAN EXPRESS

**PLEASE READ: ALL PROFESSIONAL SERVICES RENDERED ARE CHARGED TO THE PATIENT OR PARENT(S), IF PATIENT IS A MINOR, AND ARE DUE AT THE TIME SERVICES ARE RENDERED. THANK YOU.**