

Steven D. Nichols, Ph.D.
Licensed Psychologist
3200 Linwood Avenue, Suite 2
Cincinnati, OH 45226
513-321-7900

Date: _____

PATIENT REGISTRATION INFORMATION

(Please Print)

Name: _____
Last Name First Name Middle Initial

Address: _____ City: _____

State: _____ Zip: _____ Social Security #: _____

Phone: _____ (home) _____ (cell) OKAY TO LEAVE MESSAGES? _____

Sex: _____ Male _____ Female Date of Birth: _____

Marital Status: _____ Single _____ Married _____ Partnered _____ Widowed _____ Separated _____ Divorced

Patient Employed By: _____ Occupation: _____

Business Address: _____ Work Phone: _____

Who may I thank for referring you? _____

In case of emergency, who should be notified? _____ Phone: _____

PRIMARY INSURANCE

Subscriber Name/Person Responsible for Account: _____
Last Name First Name Middle Initial

Relation to Patient: _____

Address: _____ City: _____

State: _____ Zip: _____ Social Security #: _____

Employed By: _____ Occupation: _____

Business Address: _____ Work Phone: _____

Insurance Company: _____ Subscriber/Member ID#: _____

Group #: _____ Contract # (if applicable): _____

