



Patient Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

Parent/Legal Guardian (if patient is a minor): \_\_\_\_\_

A. PLEASE INITIAL ONE OF THE FOLLOWING:

\_\_\_\_ All of the demographic information on the attached form is current.

\_\_\_\_ This file needs to be updated (please provide updates on the attached copy or, if there is not sufficient room, please request a blank demographic form).

B. PLEASE INITIAL BOTH OF THE FOLLOWING:

\_\_\_\_ I have received a copy of the Patient Privacy Information (please ask for a copy before initialing this item if you have not received one previously, or if you would like another copy).

\_\_\_\_ I have received a copy of the Informed Consent (please ask for a copy before initialing this item if you have not received one previously, or if you would like another copy).

Hillcrest Therapy Center Patient Privacy Information and Informed Consent are also available on our website ([hillcresttherapycenter.com](http://hillcresttherapycenter.com)).

Thank you for taking the time to update your information!

Hillcrest Therapy Center