TAC Telepsychiatry
718 S. Lemon St.
Anaheim, California, US - 92805

Patient Details

Personal Details

First Name *

Last Name *

Date of Birth *

Gender ☐ Male ☐ Female ☐ Unknown

Blood Group

Language

Race ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Employment Status ☐ Employed ☐ Full-Time Student ☐ Part-Time Student ☐ Unemployed ☐ Retired

Marital Status ☐ Single ☐ Married ☐ Others

Smoking Status ☐ Current every day smoker ☐ Current some day smoker ☐ Former Smoker ☐ Never Smoker ☐ Smoker ☐ current status unknown ☐ Unknown if ever smoked

Primary Contact Details

Caregiver First Name

Caregiver Last Name

Email *

Home Phone

Mobile Phone

Work Phone

Fax

Primary Phone * ☐ Mobile Phone ☐ Home Phone ☐ Work Phone

Address Line1 *

Address Line2 _____

City * _____

Country * _____

State * _____

Zip code * _____

Postbox No _____

Emergency Contact Name _____

Emergency Contact Number _____

Extn _____

Primary Insurance Details

Insurance Type *

- ☐ MEDICARE
- ☐ MEDICAID
- ☐ TRICARE CHAMPUS
- ☐ CHAMPVA
- ☐ GROUP HEALTH PLAN
- ☐ FECA BLK LUNG
- ☐ OTHER

Insurance Plan Name or Program Name * _____

ID * _____

Insurance Company Name (Payer Name) * _____

Payer Id * _____

Payer Address _____

Payer City _____

Payer Country _____

Payer State _____

Payer ZipCode _____

Valid From

Valid Until

Policy Group/FECA # _____

Copay _____

Deductible _____

Employer/School Name

Comments

Insured Person Details

Patient Relationship * ☐ Self ☐ Spouse ☐ Child ☐ Other

First Name *

Last Name *

Date of Birth *

Sex * ☐ Male ☐ Female ☐ Unknown

Address Line 1

Address Line 2

City

Country

State

Zip Code

Home Phone

Mobile Phone