

Weekend Behavioral Health

Dawei Wang, D.O.

19712 MacArthur Blvd Ste: 110, Irvine, CA 92612

Phone: (909) 317-8650 Fax: (866) 358-0456

E-mail: weekendbehavioralhealth@gmail.com

Website: <https://www.weekendbehavioralhealth.com/>

Client Information Form

Name: _____ Today's Date: _____

Address: _____

Phone numbers: Home: _____ Cell: _____ Work: _____

E-mail: _____

What is the best way and time to contact you? _____

Date of Birth: _____ Age: _____ Gender: _____ SSN: _____

Marital Status: _____ Occupation: _____

Responsible parties (parents, legal guardian) (if applicable): _____

Phone: _____ Address: _____

Primary care Physician: Name: _____

Phone: _____ Address: _____

Emergency Contacts:

Name: _____ Relationship to Patient: _____

Phone: _____ Address: _____

Name: _____ Relationship to Patient: _____

Phone: _____ Address: _____

Client or responsible party (if application) Initial: _____

Will you be requesting reimbursement from your insurance company? _____

*If yes, please fill out the insurance information form.

Client name (please print): _____ Date: _____

Client name's signature: _____

Responsible party (please print): _____ Date: _____

Relationship between responsible party and client: _____

Responsible party name's signature: _____

Client or responsible party (if application) Initial: _____