



# Center for Wellness and Recovery

an Affiliate of Mountain View Hospital

FIND YOUR DIRECTION

2141 CORONADO ST. IDAHO FALLS, ID 83404 / (208)-523-3857

## PATIENT INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Mid Initial: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone(Preferred):(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone(Secondary):(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Marital: \_\_\_\_\_ Smoker: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Sex: \_\_\_\_\_

## EMERGENCY CONTACT:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship to patient: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## SPOUSE/GUARDIAN INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship to patient: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## INSURANCE INFORMATION:

### PRIMARY:

Insurance Company: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ ID#: \_\_\_\_\_ Group#: \_\_\_\_\_ Plan code:(if applicable) \_\_\_\_\_

Employer: \_\_\_\_\_  Full time  Part time

### SECONDARY:

Insurance Company: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ ID#: \_\_\_\_\_ Group#: \_\_\_\_\_ Plan code:(if applicable) \_\_\_\_\_

Employer: \_\_\_\_\_  Full time  Part time