



**PSYCHIATRIC AND COUNSELING SERVICES, LLC**

223 East Second Street, Suite B - Post Office Box 1613 - Tifton, Georgia 31793  
(229) 339-3721 - [www.TiftareaPACS.com](http://www.TiftareaPACS.com) - [info@tiftareapacs.com](mailto:info@tiftareapacs.com)

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Mailing Address \_\_\_\_\_ Street \_\_\_\_\_

City/State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

SSN \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

May we email or text you appointment reminders? YES/NO IF, YES Email/ Text (Circle your choice)

Email \_\_\_\_\_ Text Number \_\_\_\_\_

Patient Employer/School \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ How long/grade \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Place of Birth \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widow \_\_\_\_\_

Children/Siblings \_\_\_\_\_ Ages: \_\_\_\_\_

Accompanied By \_\_\_\_\_ Phone \_\_\_\_\_

Referred By \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Reason for Referral \_\_\_\_\_

**NOTIFY IN CASE OF EMERGENCY**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**LEGAL GUARDIAN INFORMATION/PERSON RESPONSIBLE FOR BILL**

Name \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_