NEW PATIENT APPLICATION

SEQUOIA detox centers

Patient demographics are a critical part of our admission process. By creating a consistent process for collecting this information, Sequoia's providers can take steps to ensure all patients have the potential to reach optimal treatment outcomes during their stay with us. Sequoia Detox Centers will not sell or distribute this information per 42 CFR Part 2.

PATIENT DETAILS

FIRST NAME: _____ LAST NAME: _____

PREFERRED NAME: _____

MARITAL STATUS: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

SOCIAL SECURITY NUMBER: _____ - _____- _____

SEXUAL ORIENTATION: ☐ Straight or Heterosexual ☐ Lesbian, Gay or homosexual

☐ Bisexual ☐ Don't Know ☐ Choose not to disclose

☐ Something else, please describe: _____

GENDER IDENTITY: ☐ Female ☐ Male ☐ Female-to-Male/Transgender

☐ Male-to-Female/Transgender ☐ Genderqueer ☐ Choose not to disclose

RACE GROUP *(select up to 4)*: ☐ American Indian or Alaska Native ☐ White/Caucasian

☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ Asian

☐ Other Race

PRIMARY RACE (*List up to 4*): _____

_____

_____

ETHNICITY GROUP: ☐Not Hispanic/Latino ☐ Hispanic/Latino

ETHNICITY (COUNTRY OF ORIGIN): _____

PREFERRED LANGUAGE: _____

EMPLOYER/SCHOOL DETAILS

OCCUPATION/INDUSTRY: _____

CURRENT OCCUPATION STATUS: ☐ Full-Time (35+ hr/wk) ☐ Part-Time (less than 35 hr/wk)
☐Self- Employed ☐ Unemployed ☐ Laid Off ☐ Retired ☐ Stay-at-home Parent

HIGHEST LEVEL OF EDUCATION *COMPLETED*: ☐Last grade completed: _____ *(if no GED/Diploma)*
☐High School Diploma ☐GED ☐Some College *(no degree)*
☐ Undergraduate (Associate's Degree) ☐ Undergraduate (Bachelor's Degree)
☐ Graduate (Master's Degree) ☐ Graduate (Doctoral Degree)

BILLING INFORMATION

PREFERRED PAYMENT METHOD: ☐Pay privately ☐Bill insurance
(10% discount for full payment upfront)

If billing insurance:

INSURANCE PROVIDER: _____ STATE: _____

MEMBER ID: _____ GROUP NUMBER: _____

MEMBER SERVICES PHONE NUMBER: _____

If insurance covered under someone other than patient:

NAME OF RESPONSIBLE PARTY: _____

SOCIAL SECURITY NUMBER: _____ - _____- _____ BIRTHDATE: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOW DID YOU HEAR ABOUT SEQUOIA DETOX CENTERS?

☐ Google Search ☐ TV ☐ Instagram/Facebook ☐ Newspaper/Magazine/Poster

☐ Podcast/YouTube ☐ Referred by a friend/family member ☐ Referred by a Care Provider

I hereby request psychological and psychiatric services from Sequoia Detox Centers. I understand that this formal request for services is for licensed and/or certified care under WAC 388-865, which details the types and manner of treatment I may receive.

This request is made completely voluntarily and in no way limits my ability to seek help for myself from other medical services, social care agencies, private sector providers or natural care givers.

By signing below, I acknowledge I have completed the questions outlined above accurately and to the best of my ability.

_____ _____

PRINTED NAME OF PATIENT DATE

_____ _____

PATIENT/LEGAL GUARDIAN SIGNATURE INITALS OF STAFF