

**Telephone:** (951) 684-6684  
**Email:** admin@drbergin.net

**Fax:** (951) 684-7503



**Mailing Address:** 17130 Van Buren Blvd. #341 Riverside, CA 92504  
**Physical Address:** 5033 Arlington Ave., Suite A, Riverside, CA 92504

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## **Patient Information**

### **NEW CLIENT INFORMATION**

Patient Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Mobile Phone: (    ) \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Marital Status:    S    M    D    P

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

## **Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Mobile Phone: (    ) \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_

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**Insurance Information**

Ins. Company: \_\_\_\_\_ Provider Phone: (     ) \_\_\_\_\_

Policy #: \_\_\_\_\_ Member ID: \_\_\_\_\_

Group #: \_\_\_\_\_ HMO: \_\_\_\_\_ PPO: \_\_\_\_\_ EAP: \_\_\_\_\_

Authorization #: \_\_\_\_\_ Number of authorized sessions: \_\_\_\_\_

Co-pay: \$ \_\_\_\_\_ Deductible: \$ \_\_\_\_\_ Sessions per year: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy Holder DOB: \_\_\_\_\_

Employer: \_\_\_\_\_ Policy Holder SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_