

FANCHETTE MARGUERAT DEGAARD, PhD
Clinical Psychologist

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Patient Information

First Name: _____ Last Name: _____

Gender: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Cell: _____

Work: _____

Email address: _____

Date of birth: ____/____/____ Age: ____ Marital Status: Marr/Single/Div/Other

Occupation: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone #: Home: _____ Cell: _____ Work: _____

Insurance: _____

ID number: _____ Group number: _____

Copay: \$ _____ Deductible: \$ _____

If not primary insurance holder:

First Name: _____ Last Name: _____

Relationship: _____ DoB: _____