

Chicago Behavioral Health
155 North Michigan Avenue, Suite 760
Chicago, IL 60601

PATIENT INFORMATION SHEET

Date _____

Name: _____ DOB: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Work Phone: _____

Email: _____

Insurance: BCBS Illinois _____ Other _____

Insurance ID: _____ Group ID: _____

Primary Physician: _____ Phone: _____

Psychiatrist: _____ Phone: _____

Medications: _____
