

WELCOME TO BANCROFT BEHAVIORAL HEALTH

5610 Kirkwood Highway

Wilmington, DE 19808

Phone (302) 502-3255

Fax (302) 502-3257

Please Review and Complete the Following Page Carefully

We follow the best up to date practices when it comes to mental health treatment. We adhere to standards of care and follow treatment protocols that have been proven by evidence based research and historical studies. Safe and effective treatments are what we provide. First appointments/evaluations involve detailed information gathering including a detailed history, previous treatment, obtaining consents and current reason for seeking treatment. Please fill out the following information to secure your time in our office. Your first appointment will take approximately an hour. We are located on Kirkwood Highway in Orchard Commons Business Park.

Name (First, Last): _____

Date of Birth: _____

Address: _____

Phone Number: _____

Previous Provider: _____

Previous Medications: _____

Previous Hospitalizations: _____

Insurance Provider: _____

Member ID: _____ Group Number: _____

Deductible: _____ Copay: _____

Employer: _____

A valid credit card is required for all commercially insured patients. This card will only be charged for missed appointments and secures your time on the schedule. If you do not show for your initial appointment your card will be charged \$150 follow up apt no shows are \$75. I hereby authorize Bancroft Behavioral Health, Inc. to charge the credit card listed for payment . I certify that I am a person who is authorized to use this card.

Credit Card: _____ - _____ - _____ - _____ **Exp:** ____/____ **CCV:** _____

NAME ON CARD: _____

Signature of Cardholders Agreement: _____

Primary Care Physician: _____ Phone: _____

Therapist Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

What are you seeking treatment for: _____

Medical Problems: _____

Current Medications: _____

