



7170 Preston Road Ste. 200 • Plano, Texas 75024 • Tel (972) 232-7474 • Fax (972)-232-7401
4501 Joe Ramsey Blvd E Ste. 260 • Greenville, Texas 75401 • Tel (903) 455-4300 • Fax (903) 455-4301
7273 Hawkins View Drive • Fort Worth, Texas 76132 • Tel (972) 232-7474 • Fax (817) 438-6730

PARENT AND GUARDIAN FORM

PATIENT INFORMATION:

Last Name: _____ First Name: _____ Middle Initial: _____
Date of Birth: _____ Social Security #: _____ Sex: Male Female
Mailing Address: _____ Apt # _____ City/State/Zip: _____
Phone Number(s): Home _____ Cell _____ Work _____

PRIMARY PARENT/GUARDIAN INFORMATION:

Last Name: _____ First Name: _____ Middle Initial: _____
Date of Birth: _____ Social Security #: _____ Sex: Male Female
Mailing Address: _____ Apt # _____ City/State/Zip: _____
Phone Number(s): Home _____ Cell _____ Work _____

CO-PARENT/CO-GUARDIAN INFORMATION:

Last Name: _____ First Name: _____ Middle Initial: _____
Date of Birth: _____ Social Security #: _____ Sex: Male Female
Mailing Address: _____ Apt # _____ City/State/Zip: _____
Phone Number(s): Home _____ Cell _____ Work _____

Court-Appointed Guardianship:

Is the Guardian listed above the court-appointed custodial or non-custodial parent and/or guardian? Yes No
Guardianship paperwork must be on file in the patient's chart.

Court Appointed Guardians **must** be present at all appointments. Court Appointed Guardians must sign all signature required documents.
If the Court-Appointed Guardian is not present, the appointment will be rescheduled.

I certify that the information provided above is complete and accurate. A copy of the guardianship paperwork has been given to Psymed Solutions. I understand that I must be present at all appointments or the appointment will be rescheduled.

Signature of Patient or Patient Representative

Date