



# Jerome Golden Center

FOR BEHAVIORAL HEALTH

## DEMOGRAPHICS FORM

FECHA (Date) : \_\_\_\_\_

Nombre (Name) : \_\_\_\_\_  
Nombre Segundo Nombre Apellido

Fecha de nacimiento: \_\_\_\_\_ Seguro Social \_\_\_\_\_

Estado Civil: (circula uno) Soltero Casado Divorciado Separado Viudo

Direccion : \_\_\_\_\_

Numero de personas viviendo en esta direccion: \_\_\_\_\_ Sueldo Anual \_\_\_\_\_

Direccion donde recibe correspondencia (si es diferente)

Informacion: \_\_\_\_\_  
(Telefono de la casa) (Celular u otro)

**SEGURO MEDICO:** \_\_\_\_\_ SI \_\_\_\_\_ NO ( "SI", llene lo siguiente)

(Circule uno) Medicaid Medicare Healthcare District Other

Nombre del seguro : \_\_\_\_\_ No de seguro. \_\_\_\_\_

Grupo No. \_\_\_\_\_ Poliza No. \_\_\_\_\_

Nombre del asegurado \_\_\_\_\_

**Jerome Golden Center for Behavioral Health, Inc.**  
**(formerly known as Oakwood Center of the Palm Beaches, Inc.)**

1041 45<sup>th</sup> Street, West Palm Beach, FL 33407 • (561) 383-8000  
816 NW Avenue D, Belle Glade, FL 33430 (561) 993-8080 – Fax (561) 992-7783

*A not-for-profit, Joint Commission Accredited, Community Healthcare Organization and Hospital*



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[www.Goldenctr.org](http://www.Goldenctr.org)