



Jerome Golden Center

FOR BEHAVIORAL HEALTH

DEMOGRAPHICS FORM

DATE: _____

Name: _____
First Middle Last

DOB: _____ Social Security No: _____

Marital Status: (circle one) Single Married Divorced Separated Widowed

Home Address: _____

Number of Persons Living at this Address: _____ Household Income _____

Mailing Address (if different) _____

Contact Info: _____
(Home Phone) (Cell Other)

INSURANCE: _____ YES _____ NO *(If "yes", fill out the following)*

(Circle One) Medicaid Medicare Healthcare District Other

Insurance Name: _____ Insurance No. _____

Group No. _____ Policy No. _____

Policy Holder Name _____

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

1041 45th 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