

Patient Information:

Patient's Name \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SS#: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child(ren) Name(s): \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Lives at home: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Lives at home: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Lives at home: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Lives at home: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer/ School: \_\_\_\_\_

Address : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Medical history: (Medications, illnesses, hospitalizations, surgeries, etc.)

\_\_\_\_\_

\_\_\_\_\_

Psychiatric History: (doctor, prior counseling, psychiatric hospitalizations, drug / alcohol abuse treatment etc.)

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact Information-

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

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Referred By: \_\_\_\_\_