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PSYCHOLOGIST – PSYCHOANALYST

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AMHERST, NEW YORK 14226 AMHERST, NEW YORK 14226

PATIENT INFORMATION FORM

PERSONAL INFORMATION:

Name:_____ Social Security #:_____
Address:_____ City:_____ State:__ Zip:_____
Phones: Home _____Cell _____ Work _____
Email Address (***please print clearly***): _____
Date of Birth:_____ Age:_____ Sex:_____ Marital Status:_____
Who may we thank for referring you? _____
Is it permissible to you that we do? If so, sign here: _____
Who may we contact in an emergency?_____ Phone #:_____

EMPLOYMENT:

Employer:_____ Occupation:_____
Employer's Address:_____ City:_____ State____ Zip_____

FAMILY MEMBERS:

Mother's Name:_____	Date of Birth:_____	Death? _____
Father's Name:_____	Date of Birth:_____	Death? _____
Siblings' Names:	Dates of Birth:	Death?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Children's Names:	Dates of Birth:	Where do they reside?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATION:

Name of High School_____ Dates:_____
Name of College_____ Dates:_____
Names of Other Schools Attended: Dates:

_____ _____
_____ _____
_____ _____

(OVER)

ATTENDING PHYSICIAN:

Primary Care Physician:_____ Date of Last Physical:_____

Do you have, or have you had, any medical problems or illnesses, either now or in your childhood? If so, please explain: Yes ☐ No ☐

Are you currently in treatment for any illness or medical problem? If so, please explain: Yes ☐ No ☐

Does anyone in your family have any medical illness currently? If so, please explain: Yes ☐ No ☐

Does anyone in your family have any past or present psychiatric illness? Please explain: Yes ☐ No ☐

I understand and agree that I am responsible for any professional services rendered. I have read all the information in this packet and have completed the above answers. I certify this information is true and correct to the best of my knowledge. I will notify you of any changes in my status or the above information.

_____ _____

Signature Date

_____ _____

Parent's Signature (if minor) Date