



## SCREENING INFORMATION

Please write/ print clearly

Readmit  Yes  No

DATE \_\_\_/\_\_\_/\_\_\_ PATIENT NAME \_\_\_\_\_ BIRTH DATE \_\_\_/\_\_\_/\_\_\_

SOC.SEC. # \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

MARITAL STATUS \_\_\_\_\_ SEX AT BIRTH \_\_\_F\_\_\_M RACE \_\_\_\_\_

PERSON RESPONSIBLE FOR PAYMENT \_\_\_\_\_

### EMERGENCY INFORMATION

IN CASE OF EMERGENCY, CONTACT: \_\_\_\_\_

PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

### EMPLOYMENT INFORMATION (IF PATIENT IS A CHILD, USE PARENT'S EMPLOYMENT)

EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_ PHONE \_\_\_\_\_

### CLINICAL INFORMATION

PRIMARY CARE PHYSICIAN (name, ph#, fax#, address) \_\_\_\_\_

THERAPIST/ COUNSELOR (name, ph#, fax#, address) \_\_\_\_\_

LAST PSYCHIATRIST (name, ph#, fax#, address) \_\_\_\_\_

WHO REFERED YOU TO US? \_\_\_\_\_

WHAT IS THE NATURE OF THE CURRENT PROBLEM?

\_\_\_\_\_  
\_\_\_\_\_

### COMMUNICATION BETWEEN THE OFFICE AND PATIENT

Please check at least 1 choice:  Email Voice Call to:  Home  Mobile  Work  Other  SMS/Text to Mobile

If you wish to include a 3<sup>rd</sup> party, please mention the name and preferred choice and sign a release of information:

\_\_\_\_\_

**The above information is true and current to the best of my knowledge. I will try my best to bring in to my 1st appointment copies of my medical records from the last psychiatrist and prescribers from other medical disciplines.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**