

**PATIENT INFORMATION**

TODAYS DATE \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Birthdate \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Is it Ok to leave voice messages \_\_\_\_\_

Is it Ok to send and receive text messages \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship to patient \_\_\_\_\_

Phone number \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

Phone Number \_\_\_\_\_

List Medications and  
Dosages \_\_\_\_\_  
\_\_\_\_\_

Are there are any known allergies if so please list along with adverse  
reactions \_\_\_\_\_  
\_\_\_\_\_

**Family Information**

Name	Age	Relation(Reside in household?)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there a custody order for the patient? \_\_\_\_\_

Insurance Type \_\_\_\_\_

Carriers DOB \_\_\_\_\_

I attest all information reported above is accurate to the best of my knowledge.

Client Signature if 14 and over \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian if under 14 \_\_\_\_\_ Date \_\_\_\_\_