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REGISTRATION FORM

(Please Print)

Today's date:

PATIENT INFORMATION

Patient's last name:	First:	Middle:	❑ Mr. ❑ Mrs.	❑ Miss ❑ Ms.	❑ Dr.

Birth date: / /	Age:	Sex: ❑ M ❑ F	Home phone no.: ( )	Okay to leave message? ❑ Y ❑ N

Street address:	City:	State:	ZIP Code:

Cell phone no.: ( )	Okay to leave message? ❑ Y ❑ N	Work phone no.: ( )	Okay to leave message? ❑ Y ❑ N	Preferred phone for message? ❑ Home ❑ Cell ❑ Work

REFERRAL INFORMATION

How did you find me? (check all that apply):	❑ Dr.	❑ Hospital

❑ Family	❑ Friend	❑ Close to home/work	❑ Yellow Pages	❑ Internet search ❑ Google ❑ Yahoo ❑ MSN ❑ Other (specify):

What words did you search for:

REASON FOR VISIT

I am primarily interested in (choose one or more):

❑ finding a new psychiatrist	❑ second opinion diagnosis	❑ changing my medications
❑ therapy to help with my relationships	❑ talk therapy, but I'm not sure what the problem is	❑ professional support during a difficult time
❑ seeing if I need medication for ____		❑ Other:

IN CASE OF EMERGENCY

Name of local friend or relative:	Relationship to patient:	Home phone no.: ( )	Work phone no.: ( )