

Shermeil Dass, MD

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www.drsdass.com | office@drsdass.com

~ General and Child Psychiatrist ~

Patient/Family Information

*Please print clearly, fill out form completely and bring to you or your child's initial visit.

Date: _____

Patient's Name: _____ Age: _____

Date of Birth: _____ Driver's License Number: _____

Social Security Number: _____

Address: _____

E-Mail: _____

Occupation (if applicable): _____

I give my permission to leave this type of phone message at the following numbers:

Home: _____

- Preferred number
 All information OK
 Discreet messages only

Work: _____

- Preferred number
 All information OK
 Discreet messages only

Cell: _____

- Preferred number
 All information OK
 Discreet message

Marital Status: _____

Spouse/Partner's name: _____

Financial Responsibility: _____

(print name)

Signature: _____

Date Signed: _____

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In case of emergency, contact: _____

Relationship: _____

Phone number: _____

Family Physician/Primary Care Provider: _____

Address: _____

Phone: _____

Referred by: _____

Address: _____

Phone: _____

Current medications and doses:

Allergies and/or medical problems:

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Parent/Guardian #1: _____

Date of Birth: _____ Driver's License Number: _____

Social Security Number: _____

Address: _____

E-Mail: _____

Occupation: _____

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Home: _____
 Preferred number
 All information OK
 Discreet messages only

Work: _____
 Preferred number
 All information OK
 Discreet messages only

Cell: _____
 Preferred number
 All information OK
 Discreet messages only

Marital Status: _____

Spouse/Partner's name: _____

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Parent/Guardian #2: _____

Date of Birth: _____ Driver's License Number: _____

Social Security Number: _____

Address: _____

E-Mail: _____

Occupation: _____

I give my permission to leave this type of phone message at the following numbers:

Home: _____

- Preferred number
 All information OK
 Discreet messages only

Work: _____

- Preferred number
 All information OK
 Discreet messages only

Cell: _____

- Preferred number
 All information OK
 Discreet messages only

Marital Status: _____

Spouse/Partner's name: _____