

Shermeil Dass, MD, APC

Shermeil Dass, MD ~ Julie Bonner, MD

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~ General and Child Psychiatry ~

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**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: \_\_\_\_\_ 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:

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Allergies and/or medical problems:

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Parent/Guardian #1: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

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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: \_\_\_\_\_ 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: \_\_\_\_\_