Shermeil Dass, MD, APC

Shermeil Dass, MD ~ Julie Bonner, MD

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~ General and Child Psychiatry ~

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: _____

FinancialResponsibility:_____
(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: _____ 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: _____ 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: _____