

Debra M. Emmite, M.D.

Patient Information

Today's Date _____

Welcome to the office of Debra M. Emmite, M.D. We look forward to working with you. Please fill out the following form so we may better serve you and assure you are taken care of in a timely manner. All information is confidential. Please print.

Patient Name: _____ Date of Birth _____

Address: _____ City: _____ State _____ Zip _____

Home phone: () _____ Work Phone: _____ Ext. _____

Cell Phone: () _____ E-mail address: _____

Marital Status: Married _____ Divorced _____ Single _____ Widowed _____ Minor _____

Patient's or parent's employer: _____ Occupation: _____

Business address: _____ City: _____ State: _____ Zip: _____

Spouse's or parent's name: _____

Work phone: _____

How did you hear about us? Friend _____ Dr. _____ Internet _____ Other _____

Emergency contact (not living with you): _____ Phone # () _____

Have you ever taken psychiatric medication? Which ones? _____

Have you had psychotherapy? When? _____

Have you had a psychiatric hospitalization? When? _____

Do you have any health problems? _____

Are you currently on any medications? _____

Do you have any allergies?
