PSYCHIATRIC CONSULTANTS OF FLORIDA, LLC

SPECIALIZING IN ADULT, CHILD AND ADOLESCENT, FORENSIC PSYCHIATRY AND ADDICTION MEDICINE

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HOLLYWOOD, FLORIDA 33021

(954) 967-6776 TELEPHONE
(954) 272-7848 FAX

CONFIDENTIAL PERSONAL INFORMATION

Name_____Age_____Birthdate

S.S. #_____ Religion/Ethnicity_____

Address_____

Home Phone_____ Work Phone_____

Other Phones_____

E-mail Address_____

Gender: Female____Male_____ Are you (Check One) Single____Married____Other_____?

Occupation_____ (Circle) Full Time/Part Time/Student/Retired

Address_____ Phone_____

Allergies_____

Current Therapist/Counselor_____ Phone Number_____

Primary Physician_____ Phone Number_____

Emergency Contact_____ _____ _____
(Name) (Relationship) (Phone Number)

Who referred you? _____

Family Doctor_____

List any major health problems_____

Current Medications _____

By signing below, I verify that the above information is correct and true to the best of my knowledge.

_____ _____ _____
Print Patient's Name Signature Date

BOARD CERTIFIED BY THE
AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

DIPLOMATE OF THE
AMERICAN BOARD OF ADDICTION MEDICINE