



Noam Koenigsberg, MD • 960 West 41st Street Suite 410 • Miami Beach, 33140 • (1)954-530-0925

_____ \

Client Demographic Information

Date: _____

Client's Name: _____

Date of Birth: _____

Gender: _____

Address: _____

Preferred Phone: _____

Email: _____

Emergency Contact

Name: _____

Relationship: _____

Phone: _____

Address: _____

Additional Contacts: (fill in where appropriate):

Primary Care Physician:

Phone: _____

Previous Psychiatrist:

Phone: _____

NK

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Therapist: _____

Phone: _____

Pharmacy: _____

Phone: _____

Additional People you want part of the treatment:

Name: _____

Phone: _____

Name: _____

Phone: _____