Angela E. Partida, M.D.

3355 W. Alabama, Suite 1180
Houston, Texas 77098

Patient's Name_____ Date of Birth: _____Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____May we leave a message? _____

Cell Phone: _____ May we leave a message? _____

Work Phone: _____ May we leave a message? _____

Emergency Contact: _____Relationship: _____Phone: _____

How were you referred to us? _____

Primary Care Physician: _____

Phone Number: _____Date of last visit: _____

Please list all known medical problems: _____

_____

_____

Allergies: _____

Current Medications: _____

_____

_____

For women, method of contraception: _____date of last menstrual period_____

Marital Status: □ Single □ Married □ Divorced □ Widowed

Name of Spouse: _____

Children: _____

Do you have guns in your home? □ Yes □ No

Alcohol Use: drinks/week_____Tobacco Use: cigarettes/day_____smokeless tobacco_____

Illicit Substances: _____

Past Psychiatric History:

Last Psychiatrist: _____

Reason for termination of relationship: _____

Prior Diagnosis: _____

Hospitalizations: _____

Angela E. Partida, M.D.

3355 W. Alabama, Suite 1180
Houston, Texas 77098

Authorization to release information and assignment of insurance benefits

I hereby authorize the release of any information necessary to process an insurance claim and authorize payment directly to Dr. Angela E. Partida. **I understand that I am financially responsible for all charges including missed appointments and appointments cancelled without giving 24 hour notice.** I have read and understand these statements.

Signature_____Date_____

Acknowledgement of Receipt of Privacy Notice

By signing this form you are agreeing that you have received a copy of the Privacy Notice for this office, which describes how we use and disclose your health information. You have the right to refuse to sign this acknowledgement, in which case we must document our good faith effort to obtain acknowledgement and the reason why it was not obtained.

Signature_____Date_____

Acknowledgement of Receipt of Office Policies and Procedures

By signing this form you are agreeing that you have received a copy of our Office Policies and Procedures and agree to follow our policies as outline in the document.

Signature_____Date_____