Psychiatric & Psychological Associates of Durham, PLLC

PATIENT INFORMATION

| Patient's Name: | | | | Date of Birth: | | |
|---------------------------------|--|---|---|---|---|-------------|
| L | ast | First M | iddle | | | |
| Home Address: | | | Home 1 | Phone # | Work Phone # | |
| Street | | | Cell Ph | one # | | |
| City | | State Zi | p | | (last 4 digits | s) |
| Male [] Female [] | Marital Status | | • | | \ | |
| | | | • | | | |
| Employed By | Occupation | Work Addı | ress / Street | City | State | Zip |
| Spouse or Legally Responsib | ole Adult Home Phone # | Work Phone # | & Address | City | State | Zip |
| ADULT (Other than self, parent/ | guardian) TO CONTACT IN T | THE EVENT OF AN E | MERGENCY:- Name: | | | _ |
| Relationship H | Iome Phone # Work P | Phone # Address: S | Street | City | State | Zip |
| Name of Primary Care Phys | sician: | | | Phone #: | | - |
| | | | | FAX #: | | _ |
| xxxxxxxxxxxxxxxxx | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | X |
| FATHER'S Name: | | | Date of Birth: | XXX-XX- | (last 4 dig | gits) |
| Home Address: Street: | | | Home Phone #: | | Social Security # | |
| | | | Cell Phone #: | _ | Work Phone #: | _ |
| Employed By | Occupation | Work Addı | ress / Street | City | State | _ Zip |
| MOTHER'S Name: | | | Date of Birth: | XXX-XX- | (last 4 digi | <u>its)</u> |
| Home Address: Street: | | | Home Phone #: | | Social Security # | |
| City/State/Zip: | | | CellPhone #: | | Work Phone #: | |
| Employed By | Occupation | Work Addı | ress / Street | City | State | _ Zip |
| xxxxxxxxxxxxxxxxxxxxxxxx | xxxxxxxxxxxxxxx | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XXXXXXXXXXXXXXXXX | X |
| PPAD Clin | nician: | | Date of Initial \ | Visit: | | |