

## PATIENT INFORMATION

Name: \_\_\_\_\_

Address: (ok to send mail to this address? Y/N) \_\_\_\_\_

\_\_\_\_\_

Telephone Numbers: (days) \_\_\_\_\_ ok to leave message? Y N  
(evenings) \_\_\_\_\_ ok to leave message? Y N  
(cell) \_\_\_\_\_ ok to leave message? Y N

Person to contact in case of emergency including phone number and relationship: \_\_\_\_\_

\_\_\_\_\_

General Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

May I contact your physician to let him/her know you are in therapy and to request any relevant information? Y N

Your age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Any children? If so, how many, how old? \_\_\_\_\_

Whom do you live with? \_\_\_\_\_

Are you eligible for Medicare? Y N

How did you hear about me (check any that apply)?

- Referred by another clinician: \_\_\_\_\_
- Academy of Cognitive Therapy (ACT)
- OC Foundation
- Association of Behavior and Cognitive Therapy (ABCT)
- Web search (what search words): \_\_\_\_\_
- Lyra: Member's name, company, and date of birth \_\_\_\_\_
- Other: \_\_\_\_\_