New Patient Information

Name of Patient: _____Date of Birth:_____

Mailing Address: _____

City and State :_____ Zip Code:_____

Cell phone: _____ Home Phone: _____

Work Phone: _____

Confidential email: _____ (only used for scheduling)

Job Title: _____ Employer:_____

Marital status: Single/ Married/ Partnered/Widowed/Divorced (circle all that apply)

Medical Conditions: _____

_____

List of Medications and/or supplements:

Name of medication	Dosage	Diagnosis and symptoms	Name of Prescribing Doctor (Specialty)

Where did you hear about me? Name of person, health professional or website: _____

In case of emergency, I authorize Elizabeth Gomart, LPC, to arrange for emergency medical transportation and or services. She is also authorized to inform the emergency contact I am listing below.

Emergency Contact and relationship: _____

Phone Number: _____ Email: _____

patient Signature:_____ Date_____