

New Patient Form / Complete Psychiatric Services

445 Brick Blvd., Suite 206

Brick, NJ 08723

(732) 903-7186 or fax (732) 903-7187

Kindly fill out as much of this form as possible prior to your appointment. If there are any questions you do not feel comfortable answering in writing, please write the word "private" in the space provided and Dr. Baum will discuss with you privately at your initial appointment.

Demographic Information

Today's Date: _____

Last Name: _____ First Name: _____ Middle: _____

Address 1: _____

Address 2: _____ City: _____ Zip: _____

DOB: _____ Social Security Number: _____

Home Phone: _____ Cell Phone: _____ Work phone: _____

Medicare Number: _____

Marital Status (Circle one): Single Married Separated Divorced Widowed

Emergency Contact Name: _____ Phone Number: _____

Relationship to you: _____ Referred By: _____

Current Therapist / Counselor: _____

Current Symptoms / Medical

Are there any medications you are presently taking? If so, please list name and dosage:

Medication

Dose

Medication	Dose

What symptoms have you been experiencing that brought you here today? Please describe: _____

Have you experienced an allergic reaction to medications? If so, please list medication name and symptoms: _____

Significant current /past medical or surgical history: _____

Have you previous received outpatient psychiatric treatment? If yes, please explain: _____

Have you previously had a psychiatric hospitalization? If yes, please explain: _____

Has any other member of your family been diagnosed or treated for a mental health issue? If yes, please describe:

Do you have a history of emotional, sexual, or physical abuse and/or neglect? If yes, please explain: _____

Is there anything else you feel is significant for the doctor to know? If yes, Please explain: _____

I attest that all of the above information is true and accurate to the best of my knowledge.

Name Print: _____ **Date:** _____

Signature: _____

I have read and received a copy of the Patient Responsibility form

Initial: _____ **Date:** _____