

MARY WYANT, M.D., P.A.

NEW PATIENT INTAKE FORM

Name _____ Phone (Home) _____

Mobile _____ Work _____

Date of Birth _____ SS# _____

Home Address _____

City _____ State _____ Zip _____

Occupation _____

Employer _____

Spouse's Name _____ Phone _____

Circle those numbers where I may call you: Home Mobile Work Spouse
Circle numbers where I might leave a message for you: Home Mobile Work Spouse
May I mail appropriately labeled correspondence to your home address? Yes No

Alternate Address (if applicable): _____

Referred by: _____

In case of emergency, contact:

Name: _____ Phone: _____

What is the primary reason you are seeking a consultation? _____

What symptoms are you currently suffering and when did they first appear? _____

What, if anything, makes your symptoms worse? _____

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What, if anything, makes your symptoms better? _____

Have family members, friends or coworkers urged you to seek treatment? If so, why? _____

Please list other psychiatrists you have seen, previous diagnoses, and dates of treatment: _____

Please list all medications you are currently taking: _____

Please list all substances used or abused, now or in the past, and approximate dates: _____

Method of contraception: _____

Please list all drug allergies: _____

Please list all medical problems: _____

Please list all previous surgeries: _____

Please list all previous psychiatric hospitalizations: _____

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Please list all medical and psychiatric conditions present in family members (please include alcohol and drug abuse problems):

Parents: _____

Siblings: _____

Grandparents: _____

Aunts and Uncles: _____

Children: _____

What is your level of education? _____

- I certify this information is true to the best of my knowledge. I will notify you of any change in my health status, or any of the above information.
- I understand 24 hour cancellation notice is required to avoid being charged for a scheduled appointment.
- I understand that, unless previous arrangements have been made, I am responsible for filing my own health insurance.

(Signature)

(Date)