



I am pleased to welcome you to my practice. Please take a few minutes to fill out this form as completely as you can. If you have any questions I will be glad to help you.

- Dr. Robin Haight

Patient Information

Today's date _____
Patient(s) Name(s) _____
Preferred Name _____
Date of Birth _____
Social Security Number _____
Address _____
City _____
State _____ Zip _____
Is it ok to send correspondence to this address? Yes No
Marital Status _____
Employer or School _____
Occupation or Grade in School _____
Location of Employment _____

Contact Information

Ok to leave a message?
Home Phone _____ Yes No
Cell Phone _____ Yes No
Work Phone _____ Yes No
Email _____ Yes No

How do you prefer I contact you?
Home Cell Work Email

Emergency Contact _____
Phone _____
Relationship to you _____

Medical Information

Physician's Name _____
Phone _____
Medical conditions or any ongoing medical concerns _____

Previous Psychotherapy

DATES
Individual _____
Couples _____
Group _____
Family _____
Other _____
Provider(s) Name and Location _____

Any hospitalizations for psychiatric reasons? Yes No
If so, please explain _____

Insurance

Insurance Co. _____
Policy No. & Group No. _____

Policy Phone No. _____
Subscriber's Name _____
Subscriber Birth Date _____

If patient is a minor, who is responsible for payment?
Parent? Guardian? Name and address (if different from patient) _____

Medication

Please list any medications and/or supplements you take

