DENISE GRETCHEN-DOORLY, PH.D.
DR. DOORLY

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NEW PATIENT INFORMATION FORM

Name _____ **Date** _____

Date of Birth _____ **Age** _____

Social Security or Green Card #: _____

Driver's License # (if applicable): _____

Home Address _____ **Apt/Suite Number** _____

City _____ **State**_____ **Zip Code** _____

Mailing Address *(if different from above)*_____

City _____ **State**_____ **Zip Code** _____

Preferred Contact Number* (_____)_____

This number is my: ☐ Mobile Phone ☐ Home Landline ☐ Work Phone ☐ Other (describe): _____

Email: _____

** Contacts will be discreet, but it is best to write down telephone numbers and email addresses where you are comfortable receiving a call or email from me. If you have any special considerations (such as a roommate, family member, business associate, or partner) please let me know.*

EMERGENCY NOTIFICATION:

Person to contact in case of emergency: _____

Relationship to you _____**Phone number** (_____)_____

For most issues, I will get your permission before contacting your doctor, clinic, and/or emergency contact. But, in the event I believe there is a genuine *clinical emergency*, do you give me permission to notify your doctor, clinic, and/or emergency contact? ☐ YES ☐ NO

How will you pay for your treatment sessions?

☐ Cash ☐ Credit Card ☐ Check

Do you plan to seek reimbursement from your health insurance for psychotherapy?

☐ YES ☐ NO

Where did you find out about my practice? _____

If a person referred you, may I contact him or her to express thanks for the referral?

☐ YES ☐ NO

By signing this document, I certify that all of the above information is true:

_____ _____

Signature Date