



**TRACY SAFF DOW** Psy.D.  
Doctor of Clinical Psychology

PATIENT INFORMATION SHEET  
Please Print

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ MI \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Marital Status \_\_\_\_\_ Spouse Name \_\_\_\_\_

Patient Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Patient Employer/School: \_\_\_\_\_ School District: \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_

Occupation \_\_\_\_\_ TEL # (\_\_\_\_) \_\_\_\_\_ EXT \_\_\_\_\_

Who Referred You? \_\_\_\_\_ TEL #: (\_\_\_\_) \_\_\_\_\_

- Friend or Other Patient     Talk     Doctor     Counselor     Administrator  
 Company     Pastor     Church     Other \_\_\_\_\_

IF PATIENT IS A CHILD:

Mother's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_



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IF APPROPRIATE:

Which parent has legal custody of child? \_\_\_\_\_

Which parent does not live with child? \_\_\_\_\_

Stepmother's Name: \_\_\_\_\_ TEL #: (\_\_\_\_) \_\_\_\_\_

Stepfather's Name: \_\_\_\_\_ TEL #: (\_\_\_\_) \_\_\_\_\_

RESPONSIBLE PARTY:

Mr./Mrs./Ms./Dr. \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

DOB \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State \_\_\_\_\_ SS #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I, THE UNDERSIGNED, ACCEPT FINANCIAL RESPONSIBILITY FOR PAYMENT OF ALL FEES AT THE TIME OF VISIT, UNLESS OTHER WRITTEN ARRANGEMENTS HAVE BEEN MADE WITH THE ACCOUNTING DEPARTMENT. AUTHORIZATION TO RELEASE INFORMATION: I HEREBY AUTHORIZE THE RELEASE OF ANY INFORMATION REGARDING MY/MY CHILD'S CONDITION OR TREATMENT TO THE INSURANCE COMPANY.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_