

Alyza Berman, LCSW

Patient Registration Information

Patient Name: _____ Date: _____

Address: _____

City/State/Zip: _____

Phone Numbers: Home (____) _____ Cell (____) _____

Date of Birth: _____ Age: _____ Gender: Male ____ Female ____

School: _____ Grade: _____

Referred by? _____ Relationship: _____

May we thank this person for referring you? Yes ____ No ____

For patients under 21 years of age, please provide information for reaching each parent/guardian

Mother's Name: _____ Cell: _____ Day: _____ Eve: _____

Father's Name: _____ Cell: _____ Day: _____ Eve: _____

Responsible Party: Self ____ Parent ____ Other ____

Name: _____ Social Sec Number: _____ Date of Birth: _____

Address (if different from above): _____

Employer: _____ Employer Address: _____

Medical History

Pediatrician or Family Physician: _____ Phone: _____

Address: _____

Date of last physical: _____ Please list any medical conditions you have or have had in the past: _____

Please list any prescription or non-prescription medications you are currently taking: _____

Have you ever been hospitalized for medical or emotional reasons? Yes ____ No ____ If yes, please state reason and dates of hospitalization. _____

Circle any of the following concerns that pertain to you.

- | | | | | |
|-----------------|--------------|---------------|---|-------------------|
| Anxiety | Depression | Fears | Parents' Separation/Divorce/Relationships | |
| Anger | Sleep | Drug Use | Alcohol Use | Loneliness |
| Concentration | Legal Issues | Pain | Eating/Food | School |
| Losses | Spirituality | Health | Energy | HIV/AIDS |
| Sexual Concerns | Sexuality | Too Emotional | Family/Friends | Suicidal Thoughts |

Please continue on reverse side of page

Sexual Abuse Physical Abuse Trauma Communication
Other _____

A treatment plan will be developed based on your assessments and goals you are committed to achieving. Please identify specific issues and goals you would like to address while in the program.

Patient Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(Responsible party)