

# THE THERAPY AND MINDFULNESS PRACTICES LLC

MEGHAN RENZI, LCSW-C, RYT-2000

4405 East West Highway, Suite 502  
Bethesda, MD 20814  
(240)479-4894

**Patient Name:**

**Date:**

## NEW PATIENT CONTACT FORM

### PATIENT INFORMATION:

--	--	--

**Last**

**First**

**Middle**

--	--

**Date of birth**

**Social Security Number**


### Address

\*Do I have your permission to send you mail for administrative purposes only that may include Protected Health Information such as your name or your receipts? **Yes** **No**

--	--	--

**Phone Number**

**Alternative Contact Number**

**E-mail Address**

\*Do I have your permission to leave you a message at this number for the purpose of scheduling only, that may include Protected Health Information (your name, our name and the reason for the call)? **Yes** **No**

\*Do I have your permission to email for the purpose of scheduling only, that may include Protected Health Information ? **Yes** **No**

**\*Current medical or psychiatric concerns and/or diagnosis:**

**\*Current medications:**

**\*Current complaints and/or reason for seeking therapy:**

# THE THERAPY AND MINDFULNESS PRACTICES LLC

MEGHAN RENZI, LCSW-C, RYT-2000

4405 East West Highway, Suite 502  
Bethesda, MD 20814  
(240)479-4894

**Patient Name:**

**Date:**

**1) LEGAL GUARDIAN (please disregard if patient over 18)**

--	--	--

**Last**

**First**

**Middle**

--	--

**Date of birth**

**Social Security Number**


**Address**

Do I have your authorized permission to send you mail for administrative purposes only that may include Protected Health Information such as your name or your receipts?

**Yes**

**No**

--	--	--

**Phone Number**

**Alternative Contact Number**

**E-mail Address**

\*Do I have your permission to leave you a message at this number for the purpose of scheduling only, that may include Protected Health Information (your name, our name and the reason for the call)?

**Yes**

**No**

\*Do I have your permission to email for the purpose of scheduling only, that may include Protected Health Information?

**Yes**

**No**

**2) LEGAL GUARDIAN (please disregard if patient is over 18)**

--	--	--

**Last**

**First**

**Middle**

--	--

**Date of birth**

**Social Security Number**


**Address**

Do I have your permission to send you mail for administrative purposes only that may include Protected Health Information such as your name or your receipts?

**Yes**

**No**

--	--	--

**Phone Number**

**Alternative Contact Number**

**E-mail Address**

\*Do I have your permission to leave you a message at this number for the purpose of scheduling only, that may include Protected Health Information (your name, our name and the reason for the call)?

**Yes**

**No**

\*Do I have your permission to email for the purpose of scheduling only, that may include Protected Health Information ?

**Yes**

**No**

# THE THERAPY AND MINDFULNESS PRACTICES LLC

MEGHAN RENZI, LCSW-C, RYT-2000

4405 East West Highway, Suite 502  
Bethesda, MD 20814  
(240)479-4894

**Patient Name:**

**Date:**

## EMERGENCY CONTACT INFORMATION

--	--	--

**Emergency Contact Name**

**Phone Number**

**Alternative Contact Number**

\*This person would only be contacted in a life threatening emergency.

## OTHER PROVIDERS:

--	--	--

**Psychiatrist Contact**

**Phone Number**

**Business Address**

--	--	--

**Primary Care Doctor Contact**

**Phone Number**

**Business Address**

## EMPLOYMENT INFORMATION- please note that I will not contact your employer

--

**Name of Employer**

--

**Address of Employer**

--

**Phone Number of Employer**

**PAYMENT(Circle One):**

**Check**

**Cash**

**Credit Card**

*Please complete the section below. I keep a credit card on file for all clients (regardless of preferred payment method) to ensure adherence to office late cancellation/ no show policy. If you do not show or for your appointment or late cancel for an appointment you will be charged for the session.*

Name:	Security Code:
Card Number:	Exp. Date:

## WHO REFERRED YOU HERE TODAY?

Name:
-------

Saw Ad on Psychology Today:

**Yes**

**No**