Meghan Renzi, LCSW-C, RYT-200
Therapy and Mindfulness Practices
4405 East West Highway, Suite 311-A
Bethesda, MD 20814
(240)479-4894

Patient Name: **Date:**

NEW PATIENT 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

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

Meghan Renzi, LCSW-C, RYT-200
Therapy and Mindfulness Practices
4405 East West Highway, Suite 311-A
Bethesda, MD 20814
(240)479-4894

Patient Name: **Date:**

[1]*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

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**

[1]

Meghan Renzi, LCSW-C, RYT-200
Therapy and Mindfulness Practices
4405 East West Highway, Suite 311-A
Bethesda, MD 20814
(240)479-4894

Patient Name: **Date:**

[2]EMPLOYMENT INFORMATION

Name of Employer

Address of Employer

Phone Number of Employer

PAYMENT(Circle One): **Check** **Cash** **Credit Card**

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

WHO REFERRED YOU HERE TODAY?

Name:		
Saw Ad on Psychology Today:	**Yes**	**No**
Employee Assistance Program:		
Other (please specify):		

2