Igor Epstein, DO

Psychotherapy and Psychopharmacology

200 Trillium Lane

Albany, NY, 12203

Phone: 518-350-7070 Fax: 844-479-0581

PATIENT INFORMATION QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential
and will become part of your medical record.

Name *(Last, First, M.I.):*		**DOB:**
Marital status:	**Gender:**	

Home address:		
City:	State:	Zip:
E-mail:		
Home Phone:	**Cell Phone:**	Other:
Preferred method of communication:	May leave messages at phone:	

Emergency contact:	Relationship:
Address:	Phone:

Responsible party:	Relationship:
Address:	Phone:

Employment information:
Employment status:
Occupation:

Referred by:

Primary care provider:	Date last seen:

Address:	Phone:

Other medical providers:
Psychotherapist:

Preferred pharmacy:	
Address:	Phone:

Medical history: (list all past and present medical problems with age when first occurred as well as any surgeries)

Current medications and Dosages: (include over the counter and homeopathic remedies, specify how you take it)

Allergies: (include food and medication allergies)

Current height:	Current weight:

I certify that the information above is complete and accurate to the best of my knowledge. Should any of this information change I will notify Dr. Igor Epstein as soon as possible.

Patient name and signature:	Date:
Reviewed by Igor Epstein, DO:	Date: