

FLOWER CITY PSYCHIATRY
(585) 445 8789
THE PARK AT ALLENS CREEK
140 Allens Creek, Suite 200
Rochester, NY 14618

PATIENT DEMOGRAPHICS AND INTAKE FORM

Patient Information:

Name: _____ DOB: _____

Sex: _____

Street Address/Apt#: _____

City, State & Zip Code: _____

Contact Number: _____

Emergency Contact Name: _____ Relation: _____

Phone Number: _____

Email _____

Medical History:

Diagnoses:

Females only: Are your menstrual cycles regular? • yes • no

Past Surgeries: _____

Allergies:

Current Medications:

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Primary Physician's Name: _____ Phone number: _____

Other provider: _____ Specialty: _____

Other provider: _____ Specialty: _____

Other provider: _____ Specialty: _____

Other provider: _____ Specialty: _____

Psychiatric History:

Current Psychiatrist: _____ Phone number: _____

Reason for leaving: _____

Current Therapist: _____ Phone Number: _____

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Family Psychiatric History:

- Not Applicable

Diagnosis: _____ Relation: _____

Diagnosis: _____ Relation: _____

Diagnosis: _____ Relation: _____

Diagnosis: _____ Relation: _____

Diagnosis: _____ Relation: _____

Educational History:

Highest grade completed: _____ • regular • special education

Substance Use:

Check all that apply: • tobacco • alcohol

• illegal drugs (Please specify: _____)

Have you ever been admitted to a detox or rehab facility: • yes (how many times? _____)

• no

Social History:

People living in the home with you:

Relation: _____ Age: _____

Relation: _____ Age: _____

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_____	Relation: _____	Age:

_____	Relation: _____	Age:

_____	Relation: _____	Age:

_____	Relation: _____	Age:

_____	Relation: _____	Age:

Are there firearms in the home: • yes • no