

PATIENT FACT SHEET

NAME _____ **DOB** _____ **DATE** _____

ADDRESS _____

TELEPHONE H# _____ **W#** _____ **C#** _____

OK TO CALL/LEAVE MESSAGES? _____ **WHICH #?** _____

EMERGENCY CONTACT _____ **RELATIONSHIP** _____

TELEPHONE #'S _____

WHO MAY I THANK FOR REFERRING YOU? _____

PRIMARY CARE PHYSICIAN _____

ADDRESS _____ **TEL#** _____

OTHER HEALTHCARE PROVIDERS _____ **TEL#** _____

**CURRENT MEDS INCLUDING NONPRESCRIPTION, HERBAL,
AND PRESCRIPTION** _____

HOSPITALIZATIONS/WHY/WHEN/WHERE _____

HISTORY OF DRUG ABUSE _____

PREVIOUS DETOX? _____ **INPATIENT?** _____

OUTPATIENT _____