

New Patient Information

Date_____

Name_____ Date of Birth:_____

Mailing address_____ City/State/Zip_____

Best Contact #_____ Alternate contact#_____

If Cate Richardson-Henley can leave a message on these numbers, eg. To confirm an appointment, please indicate by signing below.

Name:_____

Prescribing Provider (if receiving psychiatric meds):

Name_____ Contact #_____

Fax #_____

****Note:** You need to fax, scan, or snail mail your New York state ID to us