

**Traci L. Wallace, Ph.D.**  
*Licensed Psychologist*  
*PSY 14644*

PATIENT INFORMATION

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

\_\_\_\_\_ (Cell)

Numbers you may be contacted at: \_\_\_\_ Home \_\_\_\_ Work \_\_\_\_ Cell \_\_\_\_

Permission to use text messaging (initial) \_\_\_\_\_

Email address: \_\_\_\_\_

Permission to use email (initial): \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Ethnic Background: \_\_\_\_\_ Occupation: \_\_\_\_\_

Highest Grade/Degree: \_\_\_\_ Marital Status: \_\_\_\_ Employer: \_\_\_\_\_

Insurance Information (Company, Policy Number, Group Number):

\_\_\_\_\_  
\_\_\_\_\_

Current medications: \_\_\_\_\_

\_\_\_\_\_

Current medical conditions or complaints: \_\_\_\_\_

\_\_\_\_\_

Medical Doctors (including phone numbers): \_\_\_\_\_

\_\_\_\_\_

Previous Counseling (including therapist and dates): \_\_\_\_\_

\_\_\_\_\_

Emergency Contact (name/number): \_\_\_\_\_