

Monisha Vasa, M.D.

New Patient Information Form

Name:

Age/Date of Birth:

Phone Numbers where you can be reached (in order of preference):

- 1.
- 2.
- 3.

Is it ok to leave a message at the above numbers?

Address:

Email Address:

Is it ok to contact you via email? Please note that e-mail communication may not be secure.

Emergency contact name/relationship/phone number:

Do you have any acute or chronic medical problems?

Name and phone number of Primary Care physician:

Please list all medications, including prescription and over the counter medications, herbal preparations, supplements, etc.

4100 Newport Place, Suite 730, Newport Beach, CA 92660, Phone/Fax: 949-612-3955

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Pharmacy phone number:

Do you have any allergies?

Please describe briefly your reasons for seeking mental health treatment:

Do you have a therapist? If so, please list name and contact information:

Please list psychiatric medications that you have taken in the past:

Highest Level of Education and Occupation:

Are you working or in school currently? If not, when was the last time?

Are you in a committed relationship?

Do you have children?

Please briefly describe any history of alcohol or drug problems: