David E. Loftis, Ph.D.

Name _____ Date _____
Address _____ Apt# _____
City, State, Zip _____
Home Phone (___) _____ Office (___)_____ Cell (___)_____
E-mail _____Fax (____) _____
Age _____ Date of Birth _____/___/_____

Employer _____

REFERRED BY _____

Family Members Name Age
Partner _____
Child _____
Child _____

List a close relative or friend to be notified in case of emergency
Name _____ Phone (____) _____

Is it permissible to call you at home? yes no At work? yes no
May I leave messages on your voicemail? yes no

Please identify the best phone number to leave a message in case of any appointment change or emergency cancellation. Home _____ Office _____ Cell_____

Primary Physician's Name _____
Phone(___)_____

Please describe any physical symptoms or difficulties you are presently experiencing.

_____
_____
_____

Have you consulted a physician about these symptoms? _____
If you are presently taking prescribed medication, please list medication and prescribing physician.

_____
_____
_____