

Geriatric & Adult Psychiatry, L.L.C
60 Washington Avenue, Suite 203
Hamden, CT 06518
Phone: 203-288-0414
Fax: 203-288-3655

Geriatric Assessment Center
435 Danbury Road
Wilton, CT 06897
Phone: 203-761-1015
Fax: 203-288-3655

NEW PATIENT INFORMATION

Last Name: _____ First Name: _____
Social Security #: _____ Date of birth: _____
Address: _____
City: _____ State: _____ Zip: _____
Mobile Phone: _____ Home Phone: _____
Work Phone: _____ Other Phone: _____
Where would you prefer us to leave messages? Home: __ Work __ Mobile: __ Other: _____
If other, please identify contact person's name: _____
Contact Person/Phone #: _____ Relationship: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relation to self: _____
Primary Phone #: _____ Other Phone #: _____

OUT PATIENT CARE

Referring Physician: _____ Phone #: _____
Primary Care Physician: _____ Phone #: _____
Other doctors involved in your care in the last year:
Physician: _____ Phone #: _____
Physician: _____ Phone #: _____

LEGAL AUTHORITY INFORMATION

Can you sign your own legal documents? Yes: ____ No: ____ If no, please complete the following:

If someone has legal authority for the patient, bring in legal documentation. Indicate the type of legal authority:
Conservator: _____ Executor of Estate: _____ Power of Attorney: _____ Guardian: _____

Please complete the following regarding the person with legal authority for the patient:

Last Name: _____ First Name: _____
Mobile Phone: _____ Other Phone: _____
Relationship to patient: _____