

**Charles M. Iker,**  
LCSW, ACSW, BCD



160 Allens Creek Road  
Rochester, NY 14618-3309  
(585) 461-4810

## DEMOGRAPHIC INFORMATION SHEET

PATIENT NAME: \_\_\_\_\_

PATIENT ID #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE (HOME): \_\_\_\_\_

PHONE (WORK): \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

EMERGENCY CONTACT NUMBER: \_\_\_\_\_

TYPE OF INSURANCE: \_\_\_\_\_

PATIENT'S EMPLOYER: \_\_\_\_\_

PATIENT'S SCHOOL: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

LEGAL STATUS (IF APPLICABLE): \_\_\_\_\_

GUARDIANSHIP (IF APPLICABLE): \_\_\_\_\_

## MEDICAL INFORMATION

PRIMARY CARE PHYSICIAN: \_\_\_\_\_

PHYSICIAN PHONE NUMBER: \_\_\_\_\_

ANY CURRENT MEDS: \_\_\_\_\_

CURRENT DOSAGE: \_\_\_\_\_

PRESCRIBED BY: \_\_\_\_\_

ALLERGIES TO MEDS: \_\_\_\_\_

ADVERSE REACTIONS TO MEDS OR OTHER SUBSTANCES: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

PLEASE LIST MEDICAL SPECIALISTS: \_\_\_\_\_

DATE: \_\_\_\_\_

PRACTITIONER SIGNATURE: \_\_\_\_\_