

Rochester Counseling Solutions
1344 University Ave Suite 230
Rochester NY 14610

Demographic Information Sheet

Patient Name _____

Address _____

Date of Birth _____

Phone (Cell) _____ (Home) _____ (Work) _____

Emergency Contact _____

Emergency Contact Phone Number _____

Marital Status _____ Married _____ Single _____ Divorced

Patient's Employer _____

For Children:

Patient's School and Grade Level _____

Parent's Names _____

Parent's Address (If different from above) _____

Medical Information

Primary Care
Physician _____

Physician's Phone Number and
Address _____

Current Medications
with Dosages _____

Current Medical Problems: _____

Allergies _____

Date _____ Therapist's Signature _____