

RYAN PARKER, LCSW
Licensed Clinical Social Worker
4111 Medical Parkway, Suite 201
Austin, Texas 78756
(512) 387-7108

PATIENT INFORMATION FORM

Name: _____ Date: _____
(First) (Middle) (Last)

Date of Birth: _____ Age: _____ Gender: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Relationships Status: _____

Children/dependents (please include names and ages): _____

Employer/Occupation: _____

Contact information:

Preferred Phone: _____ Okay to leave message? Y ☐ N ☐
Okay to text? Y ☐ N ☐

Alternative Phone _____ Okay to leave message? Y ☐ N ☐

Email: _____

Emergency Contact: _____ Phone: _____

How did you find out about my practice?

Referred by: _____ Other: _____

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Reason for seeking psychotherapy?

What would be important for me to know about you culturally?

(racial/ethnic identity, class identification/history, gender identity, sexuality, religious/spiritual preferences, important values/beliefs):

Have you ever been in therapy before? If yes, please describe:

Are you currently taking any medications? If so, please list names of medications, doses, and reasons for taking medications:

Name of current prescribing physician: _____

Phone Number: _____