Alamir Health Inc.

28871 Center Ridge Road, Suite 101
Westlake, Ohio 44145

Phone: 440-250-2130
Fax: 440-250-2140
E-mail: alamirhealth@yahoo.com

PATIENT INFORMATION/REGISTRATION FORM

Name:_____
Last Name First Name Middle I.

Street Address: _____

City: _____State:_____Zip:_____

Home Phone: _____Work/Cell: _____

DOB: _____Age: _____SSN:_____

Sex (M/F): _____

Marital Status (Single/Married/Divorced/Widowed/Other): _____

Emergency Contact: _____Relationship _____

Emergency Contact Phone: _____Work/Cell: _____

Past Mental Health Treatment (Y/N): ___If yes, where: _____

Who referred you: _____

Current Medications: _____

Allergies: _____

Pharmacy: Local: _____Mail Order: _____

Today's Date: _____