ENLIGHTENED INSIGHT

A HOLISTIC ECLECTIC PSYCHIATRY PRACTICE

Dr. Ulrick Vieux, DO, MS, PLLC
146 Central Park West, Suite 1F
Manhattan, NY 10023

All Information You Provide Is Strictly Confidential and Released Only With Your Written Permission

PATIENT INFORMATION

Name: _____Today's Date: _____

Address: _____

_____

City, State. Zip

Date of Birth: _____ Social Security #: _____ Sex: Female Male

Phone: Home: _____ Cell: _____

Work: _____ Email: _____

Marital Status: Single Married Divorced Separated Widow

Current Living Situation: Alone with spouse / mate with parents other: _____

In what religion were you raised: None Protestant Catholic Jewish Muslim

Hindu Buddhist Other: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name:

Relationship to Patient:

Emergency Contact Numbers:

PRIMARY CARE PHYSICIAN:

Name and phone number:

ENLIGHTENED INSIGHT

A HOLISTIC ECLECTIC PSYCHIATRY PRACTICE

Dr. Ulrick Vieux, DO, MS, PLLC
146 Central Park West, Suite 1F
Manhattan, NY 10023

ADDITIONAL INFORMATION

Reason for Consultation:

Pharmacy Name and phone number:

Current Occupation:

Referral Source:

MEDICAL

Allergies to any foods or medications:

Medical problems:

Medication that you are currently taking: