

**KATHLEEN REIN, M.D., PLLC**  
**993 Park Avenue, Suite B**  
**New York, NY 10028**  
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**Website: [www.kathleenreinmd.com](http://www.kathleenreinmd.com)**

**PATIENT INFORMATION FORM**

Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Referred By: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

Student? No \_\_\_\_ Yes (name of school) \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_ Other \_\_\_\_\_

Best number and time to contact you: \_\_\_\_\_

Email(s): \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age \_\_\_\_\_ SS# \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Other relevant Physician Information (OB/Gyn, Neurologist, etc.):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Persons to be contacted in the event of an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary reason for seeking consultation:

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Thank you very much.