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Name:

Date:

Address:

Telephone: (home)

(work)

email:

Age:

Date of Birth:

Occupation:

Emergency Contact:

Emergency Contact Phone:

Who referred you to me?

Please list people you live with and/or who are important to you:

Have you ever been in therapy or counseling before?

If yes, when and with whom?

May I have permission to contact your previous therapist(s)?

Briefly describe your reason for seeking help. Feel free to use additional space.

Please list any psychiatric hospitalizations:

When was your last physical examination?

Please list any medical problems or symptoms, both previous and current:

Please list all current medications and dosage:

Please list any allergies to medications:

Please list any psychiatric medications you have been treated with:

Please add any information that you feel may be important for me to be aware of. Feel free to use extra paper if needed.
