Susan Bieber, Ph.D.
427 New Karner Rd.
Albany, N.Y. 12205
518-377-4093
License #9509

Patient ID#____________________

PATIENT INFORMATION

Name____
Primary Physician__________________________Phone__________________________
Date of last visit to primary physician____
List any significant health problems____
____
____
____
____
List any medications you are currently taking and the dosage______________________
____
____
Prescribing Physician____
Nutritionist____
Have you been in therapy before?____
If yes, when?____
Name of therapist(s)____
Others living at home____
____
Employer____
Position____
How long have you worked there?____
Education (list high school, trade school, college, etc.)___________________________
____
____
Referred by (therapist, physician, yellow pages, friend, etc.)______________________
____

Confidentiality Statement

All information shared in session is confidential except in circumstances governed by law. This includes the mandatory reporting of harm to self or others, particularly in the case of child, handicapped person, or elder abuse.

Release of Information

I authorize Dr. Bieber to notify my primary care provider and/or other physicians treating me of my treatment with Dr. Bieber.

Signature____