

Morton W. Barke, M.D., Inc.

The following information is necessary. Please answer all questions to the best of your knowledge.

PATIENT HISTORY- Emotional Support Animal

Patient Name _____ Date _____

Telephone Number _____ / ____ / ____ Date of Birth _____ Age _____

Address / City / State / Zip

How did you hear about us (internet, walking by, referral, print ad)? _____

Can we contact you with news, discounts, and/or renewal reminders? Yes No

If yes, what is your email address? _____

Are you a new patient or a renewal? _____

Are you using your ESA letter for any of the following? (If yes, there will be a \$10 fee per form/modified letter.)

Please check all that apply:

- Housing Workplace (CA residents only.) Air Canada Latam
 Volaris Westjet International Air Travel (Which airline? _____)

Please list all medical conditions you have: _____

Current Medications You Are Taking Now:

Do you have any of the following?

Please check all that apply:

- Anxiety Depression Panic Attacks Post-Partum Depression Phobias/Fears
 Bi-Polar PTSD Personality Disorder Insomnia Obsessive Compulsive Disorder
 Other: _____

Without your animal, which "major life activity(s)" are limited by your disability?

- Caring for one's self Socializing Learning Working Sleeping Other: _____

Please list any treatments you have had for your current medical condition above (including psychiatric care, counseling, homeopathy, etc.): _____

Emotional Support Animal Information:

Animal Name: _____

Animal Type (e.g. Dog, Cat) _____

Animal Color: _____

Sex of Animal: _____

Animal Breed: _____

Animal Age: _____

Weight and Height of Animal: _____, _____