

SOBER SOLUTIONS OF NORWALK
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DEMOGRAPHIC INTAKE FORM

(PLEASE FILL OUT ALL INFORMATION OR INDICATE THAT YOU DO NOT WISH TO DISCLOSE)

Today's Date: _____

GENERAL INFORMATION

NAME: _____
(Last) (First) (MI)

SS #: ___ / ___ / _____

DOB: ___ / ___ / _____ Age: _____ Gender: [] Male [] Female [] Trans

Address: _____
(Street and Number)

(City) (State) (Zip)

Home Phone: _____ May we leave a message Yes [] No []

Cell/Mobile: _____ May we leave a message Yes [] No []

EMAIL: _____

Medications: _____

Allergies (to food or medication or plant or animal) _____

Insurance: _____
(Insurance Provider) (Policy ID Number)

Please bring your insurance card and proof of identification (driver's license or passport)