

Sari Halpert MD

345 7th Avenue

Suite 1201H

New York NY 10001

phone: 347 868 7612

fax: 347 572 0490

PATIENT INFORMATION (CHILD)

Patient Name: _____ Age: _____ DOB: _____

Mother's name/age: _____

Father's name/age: _____

Address: _____

City: _____ State: _____ Zip: _____

Mother's cell phone: _____ Father's cell phone: _____

Child's cell phone: _____

Allergies: _____

Medical/Surgical Problems (current and past):

Current Medications (and Doses): _____

Family history of medical or psychiatric illness : _____

Grade _____ IEP _____ Other services (OT/PT/Speech): _____

Prior psychiatric treatment (list provider and brief description):

Schools (current and past; list in order of attendance):

Family members living at home (names/ages):

Pharmacy (name and address):

Reason for consultation: _

Referral source: _
