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Demographic Data

1. About the Patient

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Cell: _____

Business: _____

Birth Date: _____ Sex: _____ Marital Status: _____

Education: _____ Occupation: _____

Employer: _____ Social Security No. _____

Health Concerns: _____

Medications (prescription & non-prescription, doses, & frequency): _____

Physician: Primary: _____

Specialists: _____

Previous Mental Health Treatment (when & by whom): _____

Referred by: _____

2. About the Insured

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Sex: _____ Occupation: _____

Employer: _____ Social Security No. _____

Insurance: _____ Insurance ID: _____