

**PTSD Solutions Therapy
THE HELPING PLACE, LLC
3001 W. Hallandale Beach Blvd.
Suite 302**

**Pembroke Park, Florida 33009
(954)455-0388 Fax (954)455-7588**

***Email: ptsdsolutionstherapy@gmail.com
Web: www.ptsdsolutionstherapy.com***

PATIENT INFORMATION SHEET:

Date: _____ 201

Name: _____

Date of Birth: Month _____ Day _____ Year _____ **Present Age:** _____

Social Security Number: _____

Male **Female**

Permanent Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone number: Area code: _____ Cell: _____

In case of Emergency I can contact: _____ at

Emergency Phone Number: Area code: _____

The Helping Place, LLC is allowed to contact my Physician(s) in order to assist in maintaining my medical/mental status.

Primary Care Physician: _____

Phone number: _____

Employer's Name : _____

Employer's Address: _____

Work Phone: _____

Your Email: _____