

**THE HELPING PLACE, LLC**  
**PTSD Solutions Therapy**  
**3001 W. Hallandale Beach Blvd.**  
**Suite 302**  
**Pembroke Park, Florida 33009**  
**(954)455-0388 Fax (954)455-7588**  
*Email: [ptsdsolutionstherapy@gmail.com](mailto:ptsdsolutionstherapy@gmail.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:** \_\_\_\_\_