**Palmetto Psychiatry**

**Brittany Rodgers, MD**

**Patient Information**

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| --- | --- | --- | --- |
| **Full Name** | Click or tap here to enter text. | **Preferred Name** | Click or tap here to enter text. |

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| --- | --- | --- | --- | --- | --- |
| **DOB** | Click or tap here to enter text. | **Gender** | Click or tap here to enter text. | **Pronouns** | Click or tap here to enter text. |

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| --- | --- | --- | --- | --- | --- |
| **Race** | Click or tap here to enter text. | **Marital Status** | Click or tap here to enter text. | **Email** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Primary Phone** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Home Address** | Click or tap here to enter text. |

**Provider Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Provider Name** | Click or tap here to enter text. | **Company** | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Phone Number** | Click or tap here to enter text. | **Email** | Click or tap here to enter text. |

Is patient aware of the referral [ ] Yes [ ]  No

**Clinical Information**

Please include below any relevant clinical findings of which you’d like us to be aware. You can attach a treatment summary or another clinical document, if you prefer.

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| --- |
| Click or tap here to enter text. |