



Dr. Beth Firestein  
Licensed Psychologist

(970) 635-9116

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Today's Date \_\_\_\_\_

Patient Name \_\_\_\_\_

Preferred Name? \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Referred by \_\_\_\_\_

Age \_\_\_\_\_

Telephone #s

Msg OK

Text OK

Cell \_\_\_\_\_

Y N

Y N

Work \_\_\_\_\_

Y N

Home \_\_\_\_\_

Y N

Email Address: \_\_\_\_\_

OK to Email you?

Y N

Gender Male \_\_\_ Female \_\_\_ Other Gender Identity \_\_\_\_\_

Relationship Status \_\_\_\_\_ (married, single, partner, widowed, divorced, etc.)

How long in present relationship? \_\_\_\_\_

Children/Step Children:

Name Age Live with you?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your living situation \_\_\_\_\_

(e.g. live alone, roommate, with partner)

Occupation/Life Role: \_\_\_\_\_

(full-time parenting, retired, employed, student, etc.)

PERSONAL DATA FORM (continued)

**Your name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ p.2

**In case of emergency, please contact:**

Name: \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone # \_\_\_\_\_ City/State \_\_\_\_\_  
Email \_\_\_\_\_

**Alternate emergency contact?**

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Relationship to Contact \_\_\_\_\_

I have read and understand the HIPAA Privacy Policy:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To contact Dr. Firestein:**

email: firewom@webaccess.net  
phone: (970) 635-9116