John R. Paddock, Ph.D., ABPP, LLC
Licensed Psychologist, Georgia License PSY000911
1708 Peachtree ST NW Suite 400
Atlanta GA 30309

NEW PATIENT INFORMATION FORM

PLEASE PRINT

TODAY'S DATE:			
PATIENT NAME:		**PERSON RESPONSIBLE FOR PAYMENT*:**	
STREET:		**BILLING ADDRESS:**	
CITY/STATE/ZIP:		**CITY/STATE/ZIP:**	
HOME TELEPHONE:			**HS Grad =12 Years Masters=18-19 Years College =16 Years PhD=19-22 Years**
CELL TELEPHONE:		**PATIENT YEARS OF EDUCATION:**	
PATIENT BIRTH DATE:			
MARITAL STATUS: Please circle	**SING MAR DIV SEP WID**	**EMAIL ADDRESS:**	

EMERGENCY CONTACT NAME*:		◄ **RELATIONSHIP:**	
		PHONE:	

*Please read the PSYCHOTHERAPIST-PATIENT SERVICES AGREEMENT attachment.

Version 3 JUNE 9, 2022