

*Pradeep Kumar, MD*  
3900 W 15<sup>th</sup> St Ste 305  
Plano, TX 75075

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

Welcome to Our Office. In order to serve you properly, we need the following information.

GENERAL

NAME \_\_\_\_\_ Gender: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip Code

Home Phone \_\_\_\_\_ CellPhone \_\_\_\_\_

Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Name of spouse/Parent \_\_\_\_\_

MEDICAL

TODAY'S COMPLAINT (depression, anxiety, attention, behavior, drug(abuse), others

\_\_\_\_\_  
Name of Primary care

Physician \_\_\_\_\_

List Any

Allergies \_\_\_\_\_

List any Medical

condition \_\_\_\_\_

List of Any Medications you are

taking \_\_\_\_\_

Are you pregnant? If

applicable \_\_\_\_\_

INSURANCE

Insurance Name \_\_\_\_\_

Insurance Card # \_\_\_\_\_

RX BIN # \_\_\_\_\_

Insurance group # \_\_\_\_\_