

Atlanta Psychiatry Specialists
Ross F. Grumet, MD
 1718 Peachtree St. NW Suite 481
 Atlanta, GA 30309

PATIENT INFORMATION				
Patient's Last Name		First	Middle	Preferred Name
Date of Birth	Gender	Phone No.		Email Address
Emergency No. & Contact		Address		City, State, Zip
Occupation/Responsibilities			Education: Certification/Training/License	
Ethnicity: Religion/Culture		Hobbies		Family: Friends/Social/Living With
Family or Genetic History of Psychiatric, Medical Illness				

APPOINTMENT REMINDERS:

APS provides a courtesy reminder of upcoming appointments via automated phone call, text or email. Please select how you would like to receive appointment reminders:

- Automated Telephone Call
- Email

Phone Number: _____
 Email: _____

It is important that you keep all of your contact information current. Please inform our staff of any information changes immediately.

HEALTH HISTORY

Why are you here: Main Reasons	
What do you want to accomplish:	
Other doctors or treatment now: Diagnosis/Reasons	
Previous Hospitalizations, Doctors, Therapists: Diagnosis/Reasons	
Are you allergic to any medications? No__ Yes__ Specify:	
Current Medications	Past Medications
Are you currently using any of the following: If yes, how much? (Use space below)	
Alcohol	Opioids (Pain pills, Fentanyl)
Tobacco	Stimulants (Meth, Cocaine)
Caffeine	Sedatives (Benzos, Sleeping Pills)
Vitamins & OTC	Psychedelics-Hallucinogens
Other Substances or Medicines	

