**NEW PATIENT FORM**

Rosa Di Lorenzo, PsyD

Clinical Psychologist, Supervisor

PSY 24148

DATE: 02/26/2020  
NAME and SEX: Emma Souza, F

DOB and AGE: 09/06/1996 (23 y/o)  
OCCUPATION: Administrative Assistant

EMPLOYER: Digistream Investigations  
MARITAL STATUS: **single** in a relationship (live-in/non-live in) married separated divorced widow(er)

LIVING SITUATION: living with roommate (cousin)

PHONES (check preferred line) Cell: [(530) 416-0420](tel:+15304160420) Home: Work:  
EMAIL: [emmasouza111@gmail.com](mailto:emmasouza111@gmail.com)

ADDRESS: 8690 Everglade Dr, Sacramento, 95826

PAYMENT MODALITY (ONLY IF PRIVATE PAY):

INSURANCE NAME: AETNA

INSURANCE ID: W204862577

INSURED PERSON’S NAME, DATE OF BIRTH AND ADDRESS: Raymond Souza, 11/09/1965

701 Boole Rd, Applegate, CA, 95703

COPAY AMOUNT:   
  
PRESENTING ISSUE:

TAKING ANY MEDS? IF SO LIST:

WHY CHOSE ME:

AVAILABLE TIMES:

INITIAL MEETING ON:

ANY OTHER POINTS TO ADDRESS?

DX (for therapist use only)

By Rosa Di Lorenzo PSYD