2068 E. Osceola PWY, Kissimmee, Fl 33743 I **T:** (407)-450-8151 I **F:** (321) 363-1912

Demographic Information

Name (last, first, middle):

____

Street Address:

____

Home Phone: ________________________________ Cell Phone: ___________________________

Email Address: __________________________ Gender: _______ Date of Birth ________________

For minors only Parent/Guardian Name:
Relationship:

Insured Name (if other than patient):

____

Relationship to the Patient: ___________________________

Date of Birth: ____Phone:_______________________

Billing address: ____

Employer's Name:

____

Employer's Street Address:

____

Employer's Phone Number:

____

**Please bring a copy of your health insurance card, if applicable, with you to your visit.*

___________________________ ____________________

Patient Signature Date

___________________________ ____________________

Dr. Dally Rios-Ortega Date
Licensed Clinical Psychologist