

FROM THE OFFICE OF:
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Information for the New Patient:
Contact Information
(Updated November 16, 2022)

Please complete the following. Based on your responses below, I will use the information you provide to communicate with you. Please update your contact information with me in the event of any changes.

Name: _____

Date of Birth: _____

Address: _____

Permission to send mail to this address **[please initial]**: ___ YES ___ NO

Phone Number: _____

Permission to leave voicemail messages on this phone **[please initial]**: ___ YES ___ NO

Permission to send texts to this phone **[please initial]**: ___ YES ___ NO

Email Address: _____

Permission to send emails to this address **[please initial]**: ___ YES ___ NO

Permission to email invoices via HIPAA-compliant service **[please initial]**: ___ YES ___ NO

Emergency Contact Name: _____

Relationship: _____

Address: _____

Phone Number: _____

Signature: _____

Date: _____