

Long Island Neurocare Therapy, PLLC  
Richard Pitch, MD - Medical Director



Long Island Neurocare Therapy

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Date: \_\_\_\_\_

## INTAKE FORM

### PATIENT DEMOGRAPHIC INFORMATION

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Preferred Phone: \_\_\_\_\_  Home  Mobile  Work  Other

2<sup>nd</sup> Phone: \_\_\_\_\_  Home  Mobile  Work  Other

Email address: \_\_\_\_\_

Best above contact to reach you for confirming appointments: \_\_\_\_\_

Marital Status:  Single  Married  Partnered  
 Widowed  Divorced  Legally separated  Other

Sex:  Male  Female

Preferred Language: \_\_\_\_\_

Race/Ethnicity: (check all that apply)

Caucasian  Hispanic  African American  Asian American  
 Native American  Pacific Islander  Other

Highest Education Level:  Less than high school diploma  GED  
 High School Graduate  Some college/ associates degree  College grad  
 Masters  Doctorate or higher

Occupation: \_\_\_\_\_  
 Employed  Retired  Disabled  Student  Unemployed

Emergency Contact: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  Mobile  Work  Other

How did you find us? \_\_\_\_\_

Referral Source: Name \_\_\_\_\_