

# Vortex Psychiatry & TMS Clinic

Said A. Ibrahimí, M.D.

[www.VortexPsychiatry.com](http://www.VortexPsychiatry.com)

## Prospective New Patient Demographics

In preparation for your first visit with Said A. Ibrahimí, M.D., Vortex Psychiatry, we will need some information.

Once we have verified your insurance benefits, a member of our staff will contact you as soon as possible to schedule your appointment. Please complete the information below.

Patient Name \_\_\_\_\_ First Name \_\_\_\_\_ Last Name Suffix \_\_\_\_\_

Patient Date of Birth Month Day Year \_\_\_\_\_

Patient Email (example@example.com) \_\_\_\_\_

Patient Address (Street, City, Zip Code) \_\_\_\_\_

Best Contact Phone Number \_\_\_\_\_ Other contact phone number \_\_\_\_\_

Leave message on voicemail YES

NO

Leave message with person(s) YES NO person name to leave message: \_\_\_\_\_

### IF MINOR:

Parent/Guardian Name First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Parent/Guardian (Complete address, if differs from above) \_\_\_\_\_

Best Contact Phone Number \_\_\_\_\_ Other contact phone number \_\_\_\_\_

If MINOR: Does the patient live with both parents? \_\_\_\_\_

If not, is there a custody order? \_\_\_\_\_

Patient Email \* example@example.com \_\_\_\_\_

Brief Reason for Appointment:

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\* Who were you referred by? \_\_\_\_\_

**Insurance Provider** (if applicable):

Insurance ID# (Please include any letters): \_\_\_\_\_

Insurance Group number, Local number \_\_\_\_\_

Please include Mental Health/Provider Services Phone Number:  
(Can be found on front or back of insurance ID card)

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