



RICHARD S. ADLER, M.D. & ASSOCIATES, PLLC

Forensic & Clinical Psychiatry

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(206) 624-3800

Date:

Contact Information

Name:

Phone Number: () - Email Address:

How were you referred to our office?

Who is the potential patient?

Myself My child Other (Please Explain):

Why are you seeking treatment?

Please provide a brief summary of any mental health treatment history and/or prior diagnoses:

Current Primary Care Physician:

Name:

Current Mental Health Provider(s):

Name: Title:

Name: Title

Please include any other information you think may be relevant to Dr. Adler at this time:

Please note that while our office assists in billing to your insurer, Dr. Adler does not accept any form of healthcare insurance.