

**SERVICES OF ROBERT D. GREGORY, PH.D.**  
**PATIENT QUESTIONNAIRE**

Patient's Name: \_\_\_\_\_

Who referred you to me? \_\_\_\_\_

May I contact them to express my gratitude?    yes    no

If yes, please sign your name \_\_\_\_\_

Give the referring person's phone number or address if you know it:

\_\_\_\_\_

If the patient is a minor please list brothers and sisters names and ages:

\_\_\_\_\_

\_\_\_\_\_

Please also list other people living in your home or your child's home:

\_\_\_\_\_

\_\_\_\_\_

Please explain in detail the problem that is bringing you or your child to see me:

\_\_\_\_\_

\_\_\_\_\_

How long has this problem been going on? \_\_\_\_\_

What do you or your child need from me at the present time?

\_\_\_\_\_

\_\_\_\_\_

Name of person we can contact in case of emergency: \_\_\_\_\_

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

Work phone #: \_\_\_\_\_ Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_