

Demographic Form								
Patient Name	:	Alston Rebello		Emirates ID	:	784-1991-2906159-3		
File No	:	17	DOB	:	1996-06-20	Nationality	:	Indian
Gender	:	Male	Doctor's Name	:	Amirtha Patel	Date	:	2024-04-29

Relationship Status :ad Preferred language for session:ada How long have you been living in Dubai?ada

Insurance provider : ADNIC

Did a physician or psychiatrist refer you? ☐Yes ☐No

If yes, please provide their name*: : aad

Type of service:

☒Individual ☐Couples Therapy ☐Single Consultation ☐Other

Preferred means of contact: ☒Mobile ☐Whatsapp ☐Email

First time seeking therapy? ☐Yes ☐No

EMERGENCY CONTACT:

Name:sdsd Mobile Number:sdsd Relationshipsdsd

Were you ever prescribed the following:

Anti-depressants ☐Yes ☐No

If yes, please specify the : date and duration : 3/9/2024 12:00:00 AM
name of the medication


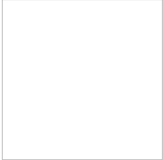
Anti-anxiety ☐Yes ☐No

If yes, please specify the : date and duration : 3/16/2024 12:00:00 AM
name of the medication

Other : ssd

Describe your physical health in general (Do you have pain, suffer from irritable bowel syndrome or other digestive problems, heart problems, etc.):sdsd

Sign here, only if all of your questions have been answered to your satisfaction	
Patient	Doctor

	
<div>Patient Name Alston Rebello</div> <div>Date 2024-04-29 (09:00 - 09:15)</div>	<div>Doctor's Name Amirtha Patel</div> <div>Date 2024-04-29 (09:00 - 09:15)</div>