

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 :dfdf Preferred language for session:dfd How long have you been living in Dubai?dfd

Insurance provider : Al Buhaira

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

If yes, please provide their name: : dfdf

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:dfdf Mobile Number:dfdf Relationship:dfd

Were you ever prescribed the following:

Anti-depressants ☒ Yes ☐ No

If yes, please specify the : dfdf date and duration: 4/13/2024 12:00:00 AM


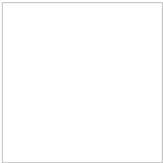
Anti-anxiety ☒ Yes ☐ No

If yes, please specify the : dfdf date and duration: 3/15/2024 12:00:00 AM

Other : jkjk

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

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 (09:15 - 09:30)</div>	<div>Doctor's Name Amirtha Patel</div> <div>Date 2024-04-29 (09:15 - 09:30)</div>