

LGTC Patient Detail

Basic Information

First Name	Si
Last Name	Dou
Email	amysidou@gmail.com
Gender	Female
Phone	4084571828
Date of Birth	1969-01-27
Street	7748 squirehill ct
State	CA
City	cupertino
Zipcode	95014

Parent/Guardian Information

First Name	
Last Name	
Email	
Phone	
Relation	

Emergency Contact

First Name	rayne
Last Name	liu

Email	rayneliu@gmail.com
Relation	Spouse

What level of care are you looking for?

ADHD evaluation

Hospitalized within the last 60 days?

Hospitalized	No
Date of discharge	
Hospital Name	

Insurance Card

