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**PERSONAL & FINANCIAL INFORMATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE & ZIP \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

PERSON FINANCIALLY RESPONSIBLE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS IF DIFFERENT THAN ABOVE: \_\_\_\_\_

Would you like a receipt to submit to your insurance company for reimbursement of your payment? \_\_\_\_\_  
**Please be aware that confidential information will be disclosed on the receipt.**

Phone Numbers (with area codes)

May I leave a confidential message?

**Circle which number is the best one to reach you.**

YES

NO

Home \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cell \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Voice Mail \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FAX \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMAIL \_\_\_\_\_

Name & phone number(s) of person to contact in the case of emergency:

\_\_\_\_\_  
\_\_\_\_\_

I would appreciate if you could keep me informed of changes in any of the above information.  
Thank you for taking the time to complete this form.