

**The North Jersey Center for Cognitive Behavioral Therapy**  
239 Madison Avenue  
Wyckoff, NJ 07481  
(201) 669-1369

**PATIENT INFORMATION:**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Medical Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Current Therapist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Referred By: \_\_\_\_\_

**RESPONSIBLE PARTY:**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_