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**Personal Information**

**Name** \_\_\_\_\_

**Phone** (h): \_\_\_\_\_  
(c): \_\_\_\_\_

**Email** \_\_\_\_\_

**Address** \_\_\_\_\_

**Restrictions about where to contact you or what type of message can be left**

\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Social Security #** \_\_\_\_\_

**Medical Problems** \_\_\_\_\_

\_\_\_\_\_

**Names and Dosages of Any Medications** \_\_\_\_\_

\_\_\_\_\_

**Prescribing Doctor's Name & Phone #** \_\_\_\_\_

**Primary Care Physician's Name & Phone #** \_\_\_\_\_

**Primary Insurance (if any):** \_\_\_\_\_

**ID#** \_\_\_\_\_ **GRP #** \_\_\_\_\_

**Provider Phone # (On back of card)** \_\_\_\_\_

**Co-Pay** \_\_\_\_\_ **Deductible** \_\_\_\_\_

**Emergency:** I would like to have the name of someone close to you whom I can contact in case of emergency. Details of our work together are not shared. This is merely a contact to make sure necessary actions are taken in the event of an emergency.

\_\_\_\_\_  
**Name of Contact Person**

\_\_\_\_\_  
**Phone for Contact Person**