

Stanley M. Hertz, M.D. P.C.

Patient Information

Title	First Name	Middle Initials	Last Name	Dated
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Address	Town	State	ZIP+4
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Male / Female	Single / Married / Other	Employed / Full-time / Part-time student student
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Date-of-Birth	SSN	Sex (Circle One)	Marital Status (Circle one)	Employment (Circle one)
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Employer or School Name	Town	Job Title
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Home Phone	Office / Extension / Whose	Mobile Phone	Emergency Number & Contact	Child's School
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Pharmacy Name	/	Pharmacy Phone #	/	Pharmacy Fax #
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Co-therapist Name Co-therapist phone #	Family Doctor / Pediatrician Name / Phone
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Email Address (If used Regularly)	Referring Physician or Other Source
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Person Responsible For Bills (Person who is Primary on Insurance)

If Patient is Responsible for Bills there is no need to re-enter information here, otherwise complete this Section.

Title	First Name	Middle Initials	Last Name	Dated
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Address	Town	State	ZIP+4
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DOB	SSN	Sex	Relationship to Patient
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Home Telephone	Business Telephone	Employer	Print Statement of Service
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Insurance Company Name	Insurance ID #
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Office use only:

Date First Seen:	Diagnosis:
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I have problems in the following areas (please circle)

Marriage/Relationship/Family

Job/School Performance

Learning/Reading

Friendship/Peer Relationships

Hobbies/Interest/Play Activity

Physical Health

Activities of Daily Living

(Personal hygiene, bathing etc)

Eating Habits/Bingeing/Purging/Starving

Sleeping Habits

Anxiety Level / Nerves

Mood

Sexual Functioning/Gender Issues

Financial Situations

Ability to Concentrate/Distractibility/

Attention Span

Ability to Control his/her Temper

Strange Thoughts/Strange Experiences

Habits / Repetitive Behaviors /

Obsessions / Compulsions

Hyperactivity/Tics/

Movement Problems

Memory

Impulse Control / Stealing /

Hair Pulling / Gambling

If you circled an area please describe the difficulty.

SOCIAL HISTORY

WITH WHOM DO YOU CURRENTLY LIVE

_____ relationship to you _____
_____ relationship to you _____
_____ relationship to you _____
_____ relationship to you _____
_____ relationship to you _____

HIGHEST LEVEL OF EDUCATION COMPLETED _____

CURRENTLY A STUDENT YES NO

SCHOOL CURRENTLY ATTENDING _____

CURRENTLY EMPLOYED FULL-TIME PART-TIME

NAME OF EMPLOYER _____

POSITION _____

DO YOU HAVE ANY LEGAL PROBLEMS (please describe) _____

ANY OTHER SIGNIFICANT SOCIAL ISSUES (please describe) _____

MEDICAL HISTORY

HEIGHT _____ WEIGHT _____

Date of last physical exam _____ Date of last lab test _____

Please list any prescription or over the counter medication you are taking (name, dosage, frequency)

Please list any past medical difficulties

Please list any current medical problems

Allergies No Yes, please list

Any other Information

My current physician is: _____ Address _____ Tele _____

Office use only No acute medical problems

FAMILY HISTORY: Please describe any medical or psychiatric conditions of relatives. If the relative takes or has taken a psychiatric medication (antidepressants, tranquilizers) please list

Office Use only No psychiatric hx
Maternal line _____
Paternal line _____

HABITS Coffee (cups/day) How much currently? _____

Cigarettes (packs/day) How many currently? _____

Alcohol – Please describe usage _____

Drugs _____

PSYCHIATRIC HISTORY

Currently in treatment with _____
Name

Address Telephone

I have been in treatment for _____ months/years.

I am currently working on these issues _____

Past psychiatric treatment

Hospitalization(s):	Hospitals	Year
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Outpatient therapist(s):	Name	Year(s)	Helpful? Yes/No
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Medication(s):	Name	Dose	Years taken	Effective? Yes/No
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Other pertinent information: _____

Dear Patient:

It is very important that I communicate with your therapist and primary care physician after your consultation. One of the difficulties I have encountered is tracking down their addresses and telephone numbers. *Please take a few moments to complete this form prior to our initial appointment, or attach your doctor's and/or therapist's business cards.*

PRIMARY CARE PHYSICIAN/INTERNIST/PEDIATRICIAN

Doctor's name: _____

Address: _____ Suite # _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

THERAPIST

Name: _____ M.D. ___ Ph.D ___ MSW ___ Other _____

Address: _____ Suite # _____

City: _____ State _____ Zip Code: _____

Telephone: _____

Please check below if you **do not** want me to contact your:

Primary care physician _____ Therapist _____

Thank you.

Directions

DOWNLOAD AND PRINT

TO DR. HERTZ'S OFFICE [[see maps](#)]
55 FERN DRIVE
ROSLYN, NEW YORK 11576-2201
516-484-6366 IF LOST: 1-888-700-2419

FROM THE LONG ISLAND EXPRESSWAY TRAVELING EAST:

Exit 37 Willis Avenue/Roslyn Road to service road of the LIE. Exit and go to second light (DO NOT TURN AT FIRST LIGHT) which is ROSLYN ROAD. Make left onto ROSLYN ROAD. You are going north. (North). Continue on ROSLYN ROAD and pass Roslyn High School on your right. At the first traffic light past the high school make a right turn onto HARBOR HILL ROAD. Proceed to the second stop sign until you see CHESTNUT DRIVE on left. Make left onto CHESTNUT DRIVE and then make the next left turn onto FERN DRIVE. Office is in a private home, the fifth house on right. YELLOW HOUSE WITH WHITE SHUTTERS. Go up stairs to the porch. Office is to the right of the front door. #55 FERN DRIVE.

PLEASE DO NOT PARK IN THE DRIVEWAY.

FROM THE LONG ISLAND EXPRESSWAY TRAVELING WEST:

Exit 39 Glen Cove Road North. Bear right after exiting and make first right turn onto GLEN COVE ROAD. Go north on GLEN COVE ROAD 8/10th of a mile until intersection where you will see HARBOR HILL ROAD on left. (There is a large bronze "U" shaped sculpture on island in middle of GLEN COVE ROAD here). Make a left onto HARBOR HILL ROAD (you will pass a firehouse and the East Hills Park on your right) to stop sign after park. You will see CHESTNUT DRIVE on your right. Make a right onto CHESTNUT DRIVE and then your first left onto FERN DRIVE. Go to fifth house on the right YELLOW HOUSE WITH WHITE SHUTTERS. Go up the stairs to the porch. Office is to the right of the front door. #55 FERN DRIVE.

PLEASE DO NOT PARK IN THE DRIVEWAY.

FROM THE NORTHERN STATE PARKWAY TRAVELING EAST OR WEST:

Exit 29 (Roslyn Road/East Hills/East Williston) Make right turn onto ROSLYN ROAD. Continue on ROSLYN ROAD and pass Roslyn High School on your right. At the first traffic light past the high school make a right turn onto HARBOR HILL ROAD. Proceed to the second stop sign until you see CHESTNUT DRIVE on left. Make left onto CHESTNUT DRIVE and then make the next left turn onto FERN DRIVE. Office is in a private home, the fifth house on right. YELLOW HOUSE WITH WHITE SHUTTERS. Go up stairs to the porch. Office is to the right of the front door. #55 FERN DRIVE.

PLEASE DO NOT PARK IN THE DRIVEWAY.

FROM GLEN COVE ROAD TRAVELING NORTH:

Go north on GLEN COVE ROAD until intersection where you will see HARBOR HILL ROAD on left. (There is a large bronze "U" shaped sculpture on island in middle of GLEN COVE

ROAD here). Make a left onto HARBOR HILL ROAD (you will pass a firehouse and the East Hills Park on your right) to stop sign after park. You will see CHESTNUT DRIVE on your right. Make a right onto CHESTNUT DRIVE and then your first left onto FERN DRIVE. Go to fifth house on the right YELLOW HOUSE WITH WHITE SHUTTERS. Go up the stairs to the porch. Office is to the right of the front door. #55 FERN DRIVE.
PLEASE DO NOT PARK IN THE DRIVEWAY.

FROM GLEN COVE ROAD TRAVELING SOUTH:

South on GLEN COVE ROAD until you see a large bronze "U" sculpture on your left. Make a right turn onto HARBOR HILL ROAD (you will pass a firehouse and the East Hills Park on your right) to stop sign after park. You will see CHESTNUT DRIVE on your right. Make a right onto CHESTNUT DRIVE and then your first left onto FERN DRIVE. Go to fifth house on the right YELLOW HOUSE WITH WHITE SHUTTERS. Go up the stairs to the porch. Office is to the right of the front door. #55 FERN DRIVE.
PLEASE DO NOT PARK IN THE DRIVEWAY.

FROM NORTHERN BOULEVARD (25A) TRAVELING EAST:

Go over Roslyn Viaduct and proceed until you see the TOYOTA dealership on right. Make right turn immediately after Toyota onto CHESTNUT DRIVE (see red brick gates with sign "Country Estates") and proceed 1.2 miles until FERN DRIVE on right. Make right onto FERN DRIVE. Office is in a private house, fifth house on right. YELLOW HOUSE WITH WHITE SHUTTERS. Proceed upstairs to porch. Office is to the right of front door. #55 FERN DRIVE.
PLEASE DO NOT PARK IN THE DRIVEWAY.

FROM NORTHERN BOULEVARD (25A) TRAVELING WEST:

Pass intersection of GLEN COVE ROAD and NORTHERN BOULEVARD. Make a left turn onto CHESTNUT DRIVE (see red brick gates with sign "Country Estates"), immediately before TOYOTA DEALER on your left. Proceed 1.2 miles until FERN DRIVE and make right turn onto Fern Drive. Office is in private house, fifth house on right. YELLOW HOUSE WITH WHITE SHUTTERS. Proceed up stairs to porch, office is to the right of front door. #55 FERN DRIVE.
PLEASE DO NOT PARK IN THE DRIVEWAY.

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