

**BENJAMIN ALTERMAN, PH.D.**

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**PERSONAL INFORMATION FORM**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ SS#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Emergency Contact (name, relationship & phone#): \_\_\_\_\_

Referred By (insurance company, doctor, friend, website): \_\_\_\_\_

*Please use back of this or a separate sheet if more space is needed to answer the following questions*

(1) Allergies and other medical conditions: \_\_\_\_\_

(2) Medications: \_\_\_\_\_

(3) Issues for which you are seeking my help and other problems you are currently experiencing in your life:

(4) Symptoms related to these issues: \_\_\_\_\_

(5) Factors in your life that impact these issues: \_\_\_\_\_

(6) Current and prior treatment for these and other issues: \_\_\_\_\_