



alianza
healthy thinking
GREG HALEY MD & ASSOCIATES

3033 North Decatur Rd, Scottdale, GA 30079
ph: 404-508-9908 – fax: 404-508-9906

Last name: _____
First name: _____ Middle name: _____
Birth date: _____ Social Security #: _____
Gender: M or F Marital status: Single Married Divorced Domestic Partner Widow(er)
Address: _____

Email address: _____
Primary phone #: _____ cell home
Secondary phone #: _____ cell home
Work phone #: _____
Employer name: _____
Occupation: _____
Primary Insurance: _____
Primary Care Physician: _____ Phone: _____
Referred By: _____

Emergency Contact

Name: _____
Relationship to you: _____
Primary phone #: _____ cell home work
Secondary phone #: _____ cell home work

The above information is true to the best of my knowledge. I do hereby voluntarily consent to care and treatment by Dr. Gregory Haley and/or Elle Trapkin, LCSW, hereafter referred to collectively as ***Alianza: Healthy Thinking***, their staff, and/or designees. I am aware that the practice of psychiatry, clinical psychology, and clinical social work is not an exact science and I acknowledge that no guarantees have been made as to the result of evaluation or treatment. I have also been given a copy of the office policies and privacy practices and have read, understood, and hereby agree to them.

X _____
PATIENT/GUARDIAN SIGNATURE DATE