

**Merle J. Tyroler, Ph.D., ABPP**

260 W. Coleman Blvd, Suite D  
Mt.Pleasant, SC 29464

Phone: 843-884-8666 E-mail: [merle@drmerletyroler.com](mailto:merle@drmerletyroler.com)

**GENERAL INFORMATION QUESTIONNAIRE**

PATIENT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PH: \_\_\_\_\_ WORK PH: \_\_\_\_\_ CELL: \_\_\_\_\_

*\*May we call or text you between Thursday and Saturday to remind you of your upcoming appointment? Y/ N*

EMAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_

EMPLOYER/SCHOOL: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_

Married / Single / Divorced OR Separated SPOUSE'S NAME: \_\_\_\_\_

IF MINOR, NAME OF PERSON(S) RESPONSIBLE: \_\_\_\_\_

ADDRESS OF RESPONSIBLE PERSON(S): \_\_\_\_\_

DO YOU WANT TO DESIGNATE A FAMILY MEMBER OR OTHER INDIVIDUAL WITH WHOM  
THE PROVIDER MAY DISCUSS YOUR MEDICAL CONDITION? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES WHOM? \_\_\_\_\_ CELL PH: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOW DID YOU LEARN ABOUT MY PRACTICE? \_\_\_\_\_

BRIEF DESCRIPTION OF REASON(S) YOU ARE HERE:

---

---

---

---

---

