

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

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**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? YES / NO*

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

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

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

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

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

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

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

BRIEF DESCRIPTION OF REASON(S) YOU ARE HERE:

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