

Hudson Mental Health
Natalie Schreter, LCSW
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380 Lexington Avenue 17th Floor, New York, NY 10168

Personal and Contact Information:

Name: _____

Address: _____

Phone (preferred numbers): _____

Email: _____

Preferred means of contact: _____

Date of Birth: _____

Medication(s): _____

Previous and/or Current Treatment Provider(s): _____

Insurance: _____

Emergency Contact Information:

Name: _____

Relationship to you: _____

Address: _____

Phone: _____