

Parkwood Farms Therapy Center, Inc.

Dr. Marilyn Peterson

2519 Parkwood Road
Snellville GA 30039

Phone: 678-344-6821
Fax: 770-985-8758



New Patient Information Sheet

Date _____

Name _____

DOB _____ Age: _____ Sex: **M F** Marital Status: **S M W D**

Home address: _____

Home Phone: (____) _____ Fax: (____) _____

Cell Phones: Mom (____) _____ Dad: (____) _____

Email: _____ Social Security # ____-____-_____

If student, School Name: _____ **Full time / Part time**

Referring Physician: _____

Parent or Legal Guardian Information Biological ____ Adoptive ____

Legal Name(s): _____

Mother's DOB _____ Father's DOB _____

Mother's S.S.# ____-____-_____ Father's S.S.# ____-____-_____

Mother's Employer _____ Father's Employer _____

Address _____ Address _____

Phone# _____ Phone# _____

Method of Payment: Cash / Check / Visa / Master Card / Other