Butler Psychiatric Services, LLC
William Butler, M.D.
E: Admin@ButlerPsychitricServices.com
T: 617-468-6443

Butler Psychiatric Services, LLC

Patient Registration Form

Date: ____/_____/_____

Patient Name: _____

Date of Birth: ____/_____/_____

Home Address:

Preferred Telephone Number:

Email Address:

Reason for Consultation:

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Prior Psychiatric Diagnoses:

Current Medications (List):

Previous Medication Trials (Please list with name, dosage, dates, and reasons for discontinuation):

Allergies:

Psychiatrist / Therapist:

Hospitalizations (List):

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History of Suicide Attempts:

Substance and Alcohol Use: