

David Vittoria, LCSW, MCAP
Licensed Clinical Social Worker / Certified Addictions Professional
License #SW14158
9010 SW 137th Avenue
Suite #238
Miami, FL 33186

PATIENT INFORMATION FORM

Today's Date: _____

Patient Name: _____

D.O.B. ____ / ____ / _____ Age: _____

Street Address _____

City _____ State _____ ZIP Code _____

Home: () _____ Work: () _____ Cell: () _____

Permission to call / leave message? YES NO

Highest level of education obtained: _____

Occupation: _____

Employer: _____

Marital Status (please circle one): Married Single Divorced Widowed

Name of Spouse/Partner: _____ Spouse/Partner Age: _____

Spouse/Partner Occupation: _____

Name(s) / Age(s) of Children _____

Have you ever been diagnosed with any disease, serious medical condition or
suffered an accident with injury (please circle one)? YES NO

Please explain: _____

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Are you currently under the care of a physician? YES NO

Physician Name: _____

Physician Phone Number: () _____

Have you ever received prior treatment for a mental health or substance use condition (please circle one)? YES NO

If YES, where and what type of treatment did you receive?

Are you currently taking any prescription medications (please circle one)?

YES NO If YES, please list all prescription medications below.

Medication	Dosage	Frequency	Reason

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Please circle the appropriate response to the following items.

Do you currently use alcohol? YES NO

If YES, how often (please circle one)? 1-2X/wk. 2-3X/wk. Daily

Do you currently use any of the following substances?

Marijuana YES NO If YES, date of last use: _____

Cocaine YES NO If YES, date of last use: _____

Opiates YES NO If YES, date of last use: _____

Sedatives YES NO If YES, date of last use: _____

Please circle any of the following conditions you have ever experienced.

Anxiety

Appetite Loss

Depressed Mood

Work-Related Problems

Fatigue

Problems at Home

Sleep Loss

Problems with Biological Family

Excessive Sleep

Problems with Family of Choice

Weight Gain

Relationship Issues

Weight Loss

Irritability

Over-Eating

Anger Management Issues

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What issue(s) prompted you to seek David's help?

How were you referred to this office?

David Vittoria, LCSW, MCAP is not affiliated with any insurance carriers nor does he accept cases involving the likelihood of litigation; including, but not necessarily limited to, ongoing lawsuits, divorce or child custody cases.

Fee Schedule

- Initial Diagnostic Assessment - \$250**
(90 Minutes)
- Individual Therapy Session - \$175**
(50 Minutes)
- Couples Therapy Session - \$200**
(50 Minutes)
- Family Therapy Session - \$200**
(50 Minutes)
- Recovery Coaching Session - \$75**
(50 Minutes)

Payment due at the time service is rendered in the form of cash or check.

Patient Name: _____ Date: _____