

**Cynthia M. Mittelmeier, Ph.D.**  
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**Demographic Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing address (if other than above): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Current relationship status: \_\_\_\_\_

Permission to leave message?

Home phone: \_\_\_\_\_ Y N

Work phone: \_\_\_\_\_ Y N

Cell phone: \_\_\_\_\_ Y N

Email: \_\_\_\_\_ Y N

**Person to notify in case of emergency:**

Name: \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone (best number): \_\_\_\_\_

**Medical Information:**

Primary Care Physician \_\_\_\_\_

Psychiatrist: \_\_\_\_\_

Other Provider(s) \_\_\_\_\_

**How did you learn about my practice? (Check as many as applicable)**

\_\_\_ Personal referral/word of mouth (name? \_\_\_\_\_)

\_\_\_ Professional referral (name? \_\_\_\_\_)

\_\_\_ EMDR provider list

\_\_\_ Psychology Today website

\_\_\_ Other: \_\_\_\_\_