



San Luis Obispo Addiction Recovery Center  
K. Dane Howalt, M.D.  
1223 Higuera Street, Suite 101  
San Luis Obispo, CA 93401  
(805) 541-5566 voice  
(805) 541-5544 fax



## PATIENT INFORMATION

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male Female

Phone Numbers : Home: \_\_\_\_\_ Cell: \_\_\_\_\_

May we contact you at work? Yes No

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

Patient SS number: \_\_\_\_\_

Single  Married  Widowed  Separated  Divorced

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

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

Spouse's Name : \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse's SS #: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_

### IN CASE OF EMERGENCY

CONTACT NAME: \_\_\_\_\_

Home Phone : \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Relationship: \_\_\_\_\_