



Dr. Lacy Olson-Ayala

www.DrOlsonAyala.com • info@drolsonayala.com • Phone: 424.653.6175

Patient Information Form

Name: _____

Date of Birth: _____

Ethnicity: _____

Gender/Pronouns: _____

Primary Phone: _____

SSN: _____

Secondary Phone: _____

Email: _____

Mailing Address: _____

Car Model/Type: _____

License Plate Number: _____

Emergency Contact: _____

Relationship to You: _____

Emergency Contact Phone: _____

Employer: _____

Occupation: _____

Primary Care Physician Name and Contact Information: _____

Psychiatric Provider Name and Contact Information: _____

Does Dr. Lacy Olson-Ayala have permission to leave detailed voicemails at primary phone number? ____ yes ____ no