



ROCK DOCTORS NEW PATIENT FORM



Date:

Your name:

I. PLEASE DESCRIBE YOUR SYMPTOMS:

II. PLEASE DESCRIBE YOUR MUSICAL TASTES:

III. PLEASE LIST YOUR FAVORITE ARTISTS:



IV. DO YOU HAVE ANY ALLERGIES? (I.E. HIP-HOP, GUITAR SOLOS, FEMALE SINGERS)

V. DO YOU HAVE ANY SPECIFIC REQUESTS FOR YOUR PRESCRIPTION? (I.E. GOOD LYRICS, STRONG RHYTHM)

VI. IS THERE ANYTHING IN YOUR MUSICAL/MEDICAL HISTORY OF WHICH THE DOCTORS SHOULD BE AWARE?

The Rock Doctors clinic is typically open on Wednesday afternoons. If you are selected to be a patient, the Sound Opinions nurses will contact you to set up a phone call appointment. Thank you for your request!