CHARLOTTE PSYCHOTHERAPY & CONSULTATION GROUP PLLC

Rob Adelman, M.S.W.
Rick Deitchman, Ph.D.
Jonathan W. Gould, Ph.D.
Melinda S. Harper, Ph.D.
Randolph C. Wall, Ph.D.

AFFILIATE
Elizabeth H. Meadows, M.S.W.

INFORMATION SHEET FOR ADULT CLIENTS

Today's Date:_____

Full name:_____ Date of Birth:___/___/___
Address:_____ Phone:_____
_____Zip:_____ Cell Phone:_____

Place of Employment:_____ Work Phone:_____
Address:_____Zip:_____

Spouse/Partner's Name:_____ Date of Birth:___/___/___
Work Phone:_____
Place of Employment:_____ Cell Phone:_____

Children/Stepchildren:

Name_____Age_____ Name_____Age_____
Name_____Age_____ Name_____Age_____
Name_____Age_____ Name_____Age_____

Other People Living in the Home:

Name:_____Age:_____Relationship to client_____
Name:_____Age:_____Relationship to client_____

Emergency Contact
Name:_____
Address:_____Zip:_____
Home Phone:_____Work Phone:_____Cell Phone:_____

Medical Problems:_____
Medical Doctor:_____Office Phone:_____
Medications and Dosage:_____

Previous Counseling or Therapy:

By whom:_____Where:_____
By whom:_____Where:_____
Previous Hospitalization for emotional issues: Yes No If yes, date (s):_____
Previous Hospitalization for substance abuse issues: Yes No If yes, date (s):_____
Where:_____

Referred by:

Name:_____