



West Vernon Center
Raleigh Psychological Associates
122 West Vernon Ave
Wake Forest, NC 27587

ADULT NEW CLIENT INFORMATION

PATIENT'S NAME: _____
 First Middle Last

Name prefer to be called by _____

Today's date: _____ Birth Date: _____
 Month Day Year Month Day Year Age

Social Security Number _____

PHONE - Home: _____ Work: _____

Cell: _____ E-mail: _____

(Place checkmark by preferred number if it is okay to call and leave a discreet message, e.g., asking you to return the phone call)

Patient's Residence Street Address: _____

City: _____ State: N.C. Zip: _____

Who else can attend your session or take messages, if any, and their relation? _____

Do you have any disabilities under ADA now? Y N Are you involved in or do you anticipate ANY legal litigation? Y N

List any medications or medical conditions affecting psychological functioning: _____

Emergency Contact & Phone Number _____

Current marital status: _____ Spouse or partner's name: _____

Check all that apply: Psychological testing, diagnostic Psychotherapy, individual Psychotherapy, child or teen
 Educational, LD, or Gifted Testing Psychotherapy, family/parenting Employment, career
 Evaluation, other: _____ Psychotherapy, couple's Other:

Employed full time Employed part-time Student, full time Student, part-time Unemployed, retired, or other

Place of employment & position: _____

Referred by: _____ Physician's name & Phone number: _____

School or Work contact person & phone number: _____

Other health care provider (psychiatrist, psychotherapist, ADHD coach, etc.):

Who should be contacted in a medical or psychiatric emergency? _____

Who is responsible for authorization and payment of costs of medical and psychological services? _____

List any disabilities, special educational classifications, eligibility, accommodations, or interventions received or eligible for:

Children's names and ages:

