

MENDEL PSYCHOLOGICAL ASSOCIATES

Child, adolescent, adult and family psychological services

3727 Benson Dr
Raleigh, NC 27609

www.DrMendel.com
tel: 919-876-1313

ADULT CLIENT INFORMATION

Name: _____ Today's Date: _____

Address: _____

Age: _____ DOB: _____ Highest Educational Level: _____

Occupation: _____

Work Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____ Fax: _____ E-Mail: _____

Marital Status: _____ Name of Spouse/ Significant Other: _____

Names & Ages of Children: _____

Have you been married previously? YES NO Number of Times: _____

Who referred you to me? _____ Personal Physician: _____

Any Health Problems? _____

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Current Medications? _____

Have you had previous psychological or psychiatric treatment or assessment? YES NO

If so, please indicate name of person or agency and approximate time of intervention:

Family Background: Are you adopted? YES NO Were your own parents divorced? YES NO

Please list brothers & sisters (including step-siblings and half-siblings) by name and age:

Is your father alive? YES NO Age (or age at death): _____

Occupation: _____

Is your mother alive? YES NO Age (or age at death): _____

Occupation: _____