

MENDEL PSYCHOLOGICAL ASSOCIATES

Child, adolescent, adult and family psychological services

3727 Benson Dr
Raleigh, NC 27609

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

COLLEGE STUDENT INFORMATION

Name: _____ Today's Date: _____

Age: _____ DOB: _____ Current Grade Level: _____

School Address: _____

Home Address: _____

School Phone: _____

Home Phone: _____

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

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

Do you have children? YES NO Names and ages: _____

Who referred you to me? _____ Personal Physician: _____

Health Problems? _____

Current Medications? _____

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

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

Family Background: Are you adopted? YES NO Are your 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: _____

Who is financially responsible for these services? ME PARENTS FATHER MOTHER

Responsible parent's address and telephone number (if different from above)

I give Dr. Mendel permission to discuss financial matters regarding my treatment with my parents.

Your Signature

Date Signed