

MENDEL PSYCHOLOGICAL ASSOCIATES

Child, adolescent, adult and family psychological services

3727 Benson Dr
Raleigh, NC 27609

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

Today's Date: _____ Child's Name: _____ Birthdate: _____

Age: _____ MALE FEMALE (Circle One) Name of School: _____ Grade: _____

Teacher's Name: _____ Has your child been retained? YES NO Skipped Grade? YES NO Which? _____

Child's Physician: _____ Is your child on medication(s)? Please list: _____

Child's (Primary) Address: _____

Child's Home Phone Number: _____ Who referred you to me? _____ Is your child adopted? YES NO

PARENT/FAMILY INFORMATION	FATHER	MOTHER	STEPFATHER	STEPMOTHER
Name				
Age				
Highest Educational Level				
Occupation				
Place of Employment				
Work Phone				
Cell Phone				
Fax				
E-mail Address				
Home Phone & Address, If different from Child				

Siblings: List brothers & sisters (including step-siblings and half-siblings) by name and age

If your child has received previous psychological and/or psychiatric treatment or assessment, please list including approximate dates.