

Silber Psychological Services, P.A.

www.silberpsych.com

1004 Dresser Court, Suite 103
Raleigh, North Carolina 27609
Telephone: (919) 876-5658
Facsimile: (919)-790-1521

1340 S.E. Maynard Road, Suite 201
Cary, North Carolina 27511
Telephone: (919) 481-9012
Facsimile: (919)-481-9013

Date of Appointment: _____	<i>for office use only</i>	Dx: _____
Acct. Number _____		Tx: _____

PATIENT INFORMATION for Adults

Name _____
First M Last Name you prefer to go by

Address: _____
Street City State Zip

Home Phone Number: _____ Cell Phone Number: _____ Work Number: _____

Sex: _____ Age: _____ Birthdate: _____ Highest Education Level: _____

Marital Status: Single Married Separated Divorced

Have you been seen here at this office before? Yes No

Primary E-Mail Address: _____

Employer (if employed): _____

REFERRAL INFORMATION:

Referred by: _____

How did you hear about our practice? (Check all that apply)

Your doctor Friend Therapist Internet Search Phonebook / Yellow Pages

Other: _____

SPOUSE INFORMATION (if applicable):

Name _____
First M Last

Address (if same indicate "same"): _____
Street City State Zip

Home Phone Number: _____ Cell Phone Number: _____ Work Number: _____

Sex: _____ Age: _____ Birthdate: _____

Has your spouse been seen at this office before? Yes No

Highest Education Level _____ Employer (if employed): _____

FAMILY INFORMATION If you have children please list their names and age (if none indicate "none")

name	age
_____	_____
_____	_____
_____	_____

MEDICAL INFORMATION:

Primary Care Physician: _____ Name of Practice: _____

Address: _____
Street City State Zip

Phone Number: _____

Medical Problems (if none indicate "none"): _____

Allergies (if none indicate "none") _____

Hospitalizations/Surgeries (if none indicate "none"): _____ Date / Year _____

Please list any medications that you are currently taking (if none indicate "none"):

	Name of Medication	Units	Frequency	Prescribing Doctor	Date Started
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

PRIOR PROFESSIONAL HELP

Please list names of providers and approximate dates (if none indicate "none"):

STRESSORS AFFECTING YOU IN THE PAST 1-2 YEARS

- Births
- Deaths
- Trauma
- Medical
- Other (Please list): _____
- Job Change
- Relocation
- School
- Bullying
- Separation
- Divorce
- Marriage
- Stepchildren
- Financial Issues
- Physical/Sexual Abuse
- Substance Abuse

MAIN PROBLEM OR REASON FOR SEEKING HELP

I understand that I am financially responsible for all of my services. If someone else agrees to be responsible for payments, I will have that person complete and submit a Financial Responsibility form. I recognize that I am still responsible for seeing that each session is paid in full.

Signature: _____

Date: _____