

Carolina Psychological Associates, P.A.  
5509-B West Friendly Avenue  
Suite 106  
Greensboro, N.C. 27410-4249

Today's Date: \_\_\_\_\_

**PATIENT NAME:** \_\_\_\_\_

Please Check: Single \_\_\_\_\_ Married \_\_\_\_\_ Partnered \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ S.S.# (REQUIRED): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Occupation: \_\_\_\_\_ Employed By: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell : \_\_\_\_\_

**Spouse/Partner Information**

Spouse/Partner Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Spouse/Partner Address: \_\_\_\_\_

\_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Spouse/Partner Occupation: \_\_\_\_\_ Employed By: \_\_\_\_\_

Spouse/Partner Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**FAMILY AND MEDICAL INFORMATION**

Children's names and ages: \_\_\_\_\_

List medical problems and medications you take: \_\_\_\_\_

\_\_\_\_\_

Family or Personal Physician: \_\_\_\_\_

Who referred you here? \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

When did your symptoms first start? \_\_\_\_\_ Name of person who referred you: \_\_\_\_\_

*PLEASE DESCRIBE THE NATURE OF THE PROBLEM AND THE KIND OF HELP YOU WANT ON THE BACK OF THIS PAGE.*