5318 Highgate Drive, Suite 132
Durham, NC 27713

NEXT STEP PSYCHOLOGY
www.nextsteppsychology.com

carolyn@nextsteppsychology.com
Phone: 919-228-8845

ADULT PATIENT INFORMATION

DATE:	ACCOUNT NO.:	DX:
ADULT PATIENT INFORMATION		
Last Name:	First Name:	Nickname:
Birthdate: / /	Age:	Gender:
Marital Status: □ Single □ Separated □ Divorced □ Married		Email:
Street Address:	City:	State: Zip Code:
Home Phone:	Cell phone:	Best number to leave messages:
Have you or a family member been seen by Dr. Pender before? Y or N		
REFERRAL INFORMATION		
Referred by: _____	How did you learn about this practice: □ Doctor □ Lawyer □ Friend □ School □ Co-worker □ Internet search □ Presentation/Talk □ Marketing □ Other	
EMPLOYMENT INFORMATION		
Occupation:		Employer:
Number of years at current position:		Highest Level of Education:

SPOUSE/PARTNER INFORMATION (IF APPLICABLE)	
Name	
Age	
Highest Education Level	
Occupation	
Employer	
Cell Phone	
Work Phone	
Home Phone (if different from patient)	
Email Address	
Address (if different from patient)	

CHILDREN (PLEASE LIST)			
Names: 1-	Gender :	Age:	□ Biological □ Step □ Adopted
2-	Gender :	Age:	□ Biological □ Step □ Adopted
3-	Gender :	Age:	□ Biological □ Step □ Adopted
4-	Gender :	Age:	□ Biological □ Step □ Adopted

MEDICAL INFORMATION			
Doctor:	Phone:		Fax:
Street Address:	City:	State:	Zip Code:
Medical Problems (list):			
Allergies:			
Hospitalizations/Surgeries:			
Medication Name:	Dosage:	X per day:	Reason:
Medication Name:	Dosage:	X per day:	Reason:
Medication Name:	Dosage:	X per day:	Reason:

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MENTAL HEALTH HISTORY

Mental Health Diagnoses:

Previous Professionals Seen: Name(s): Date(s):

Previous Evaluations: □ Psychological □ Educational □ Speech and Language □ Occupational Therapy □ Neuropsychological □ Emotional □ Behavioral

FAMILY STRESSORS

□ Abuse	□ Deaths	□ Job	□ Relocation	□ Stepchildren	□ Trauma
□ Births	□ Divorce	□ Marriage	□ School	□ Substance Use	□ Other(s):
□ Bullying	□ Finances	□ Medical	□ Separation	□ Substance Abuse	

FAMILY STRENGTHS

Please Describe:

REASON FOR SEEKING HELP AT THIS TIME:

Please Describe:

FINANCIAL MATTERS

Who is responsible for payment of services?

If the responsible party is someone other than yourself, it is often easiest to ask this person to sign an authorization form to allow their credit card be used each session. Please discuss the Business Policy and Agreement and Authorization for credit card use with this person and return these forms along with the Financial Responsibility form. ***I understand that I give my permission to discuss financial matters with my parents if they are paying for treatment.***

Signature: Date: