



**Andrew Elman LPC ATR 919.985.1529**

Client Information

Today's Date: \_\_\_\_\_ Referred By: \_\_\_\_\_

Please print clearly:

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: (street, city, state, zip) \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Messages OK? \_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Messages OK? \_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Messages OK? \_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

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

Emergency Phone Number: ( ) \_\_\_\_\_

Additional Phone Number: ( ) \_\_\_\_\_

Medications Currently Taking: \_\_\_\_\_

Prescribing Physician: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Primary Concern to be addressed in treatment: \_\_\_\_\_

Please describe any current or previous mental health treatment (including dates and inpatient or outpatient treatment): \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_