WELCOME TO OUR OFFICE

CATAWBA COUNSELING ASSOCIATES, PLLC

100 Glenway Street, Suite B
Belmont, North Carolina 28012
(704) 829-2005

Sharon Pendergast, MSW
Victoria Garham, MSW

Date _____

Thank you for choosing our office.

In order to serve you properly we will need the following information. (Please print.) All information will be strictly confidential.

Patient Name _____ **Former Name(s)** _____ **Male** ❑ **Female** ❑

Address _____ **Phone** _____ **Cell Phone** _____
street city state zip

Race _____ **Age** _____ **Date of Birth** _____ **Social Security Number** _____

Marital Status: **Single** ❑ **Engaged** ❑ **Married** ❑ **Separated** ❑ **Divorced** ❑ **Widow(er)** ❑

Education: Indicate highest level of education _____ **GED: Yes** ❑ **No** ❑

Vocational or technical training _____ **College Degree(s)** _____

Occupation _____ **Employed: Yes** ❑ **No** ❑ **Full-time** ❑ **Part-time** ❑

Employer _____

Employer's Address _____ **Phone** _____
street city state zip

What is your reason for coming to this office? (State as briefly and simply as possible)

_____

_____

_____

_____

Spouse's Name (or Parents' Names if minor) _____

Race _____ **Date(s) of Birth** _____ **Social Security Number(s)** _____

Spouse's (or Parents') Address _____ **Phone** _____ **Cell Phone** _____
(if different from above) street city state zip

Education: Indicate highest level of education _____ **GED: Yes** ❑ **No** ❑

Vocational or technical training _____ **College Degree(s)** _____

Spouse's (or Parents') Occupation(s) _____ **Employed: Yes** ❑ **No** ❑ **Full-time** ❑ **Part-time** ❑

Employer(s) _____

Employer's Address(es) _____ **Phone** _____
street city state zip

Please give the following information (if applicable)

Child's/Children(s) name - first & last (if patient is an adult) or Sibling's Names (if patient is a minor)	Date of Birth	Age	Living at home
A.			Yes No
B.			Yes No
C.			Yes No
D.			Yes No
E.			Yes No
F.			Yes No

If more room is needed use back of page

If the patient is under 18 years old, complete the following:

A. Is the patient Biological Child ❑ Adopted Child ❑ Stepchild ❑ Foster Child ❑ ❑ Other _____

B. Name of School Teacher Grade

C. Special Education? Yes ❑ No ❑

Please note type of special education

Have you (or your child) ever been a patient of this office before? Yes ❑ No ❑

If yes, who

when

Have you (or your child) ever been a client of a social worker, counselor, psychologist, or psychiatrist? Yes ❑ No ❑

If yes, who when where

who when where

Date of patient's last physical examination?

A. By whom?

B. Any significant findings?

C. Any current health problems?

Are you (or your child) taking any medicines? Yes ❑ No ❑

If yes, list

Were you referred to our office? Yes ❑ No ❑

If so, by whom? MD/DO ❑ PhD ❑ MSW ❑ Other ❑

Address

Are you a veteran? Yes ❑ No ❑

Is your spouse a veteran? Yes ❑ No ❑

If yes, is there any service connected disability? Yes ❑ No ❑

Insurance Company _____ Policy / Group # _____

Subscriber's Name (as it appears on card) _____ Subscriber's Employer _____

Patient's Relationship Self ❑ Spouse ❑ Child ❑ Other ❑ Subscriber's ID# _____

Does your insurance policy pay for outpatient psychiatric care? Yes ❑ No ❑ Subscriber's DOB _____

A. Outpatient psychotherapy benefits: $ _____ per hour Co Pay: _____

B. Maximum yearly limit $ _____ Number of visits allowed: _____ Deductible met? _____

C. Treaters Covered: MD/DO ❑ PhD ❑ MSW ❑ Other ❑ Specify _____

Comments _____

_____

_____

_____

Medicare ID No. _____

Responsible party for billing: Name _____

Address _____ Phone _____ Cell Phone _____
street city state zip

Work Phone _____ DOB: _____ Social Security # _____

Yes	No	
❑	❑	I authorize Catawba Counseling Associates, PLLC to provide me (or my dependent) with treatment.
❑	❑	I authorize you to contact _____ in case of an emergency.

Relationship to patient _____

Address _____

Home Phone _____ Work Phone _____

I understand I am financially responsible to Catawba Counseling Associates, PLLC for the above account. To the best of my ability, the above information is correct.

_____ _____
Signature Date