

M. PATRICIA HOGAN, PH.D.
LICENSED PSYCHOLOGIST

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Client Name: _____ Birth date: _____ Age: _____

If Minor, Parent Name(s): _____

Home Address: _____

Home Phone: _____ Marital Status: _____

Occupation: _____ Employer (School): _____

Work Phone: _____ Cell Phone: _____

Do you object to being called at home?: _____ At Work?: _____

Referred by: _____

If you have received any type of counseling or psychiatric treatment before, please describe: _____

Briefly describe your reason(s) for seeking help at this time: _____

Please circle any of the following problems that you think might be troubling you:

| | | | |
|----------------------------|----------------------------|---------------------|-----------------------------------|
| nervousness/worry | stress/unable to relax | guilt | lack of assertiveness |
| racing, recurring thoughts | panic/intense anxiety | sleep problems | nightmares |
| poor concentration | poor memory | poor motivation | tiredness/fatigue |
| depression | suicidal thoughts | appetite problems | marital problems |
| separation/divorce | relationship issues | quick temper/anger | sexual problems |
| financial problems | loss of job/career choices | loneliness | decision-making difficulty |
| shyness | excessive drug/alcohol use | parent/child issues | health problems (headaches, etc.) |

Other: _____

List the members of your family or any other people living in your home:

| <u>Name(s):</u> | <u>Age</u> | <u>Relationship</u> | <u>Occupation</u> |
|-----------------|------------|---------------------|-------------------|
|-----------------|------------|---------------------|-------------------|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

If you are currently being treated for any health conditions, please describe: _____

Please list any medications you are currently taking: _____

Name of Physician: _____

History of Health Problems: _____

Local Emergency Contact: _____

Relationship: _____

Address: _____ Phone: _____

Additional Comments: _____

Signature

Date