TERRY MOLNAR PC, PH.D.
Confidential Information – Adult

Patient Information

Patient's Name: _____ SS#: _____ Date: _____
First Middle Last

Age: _____ Date of Birth: _____ Male ☐ Female ☐ Education: _____

Home Address: _____
Street City State Zip

May I write you here? Yes No

Phone numbers:_____ May I call the above numbers? Yes/No

Email address:_____

Occupation: _____ Employer: _____

Work -Address: _____

Marital Status: _____ Date of present marriage: _____ Date of previous marriages: _____

Spouse's name: _____ Age: _____ Education: _____

Spouse's occupation: _____ Spouse's Employer: _____

Referred By: _____

Emergency Contact Person: _____
Name, phone number, relationship

Religious Affiliation:_____

Parents, Siblings, and Children:

Name	Relationship	Age	Grade/Occupation	Residence

Previous Mental Health Services

Types of Services	Provider	Dates of Service

For Clinician Use Only:
Diagnosis:

Patient Name: _____

Please complete the following medical information

Do you have any medical problems? Please explain: _____
_____
_____
_____

If you are under the care of a physician for a continuing health problem, please give physician's name and number and sign release form attached: _____

Do you take regular medication? If so please list:

Name of Medication	Dose	Frequency

Do you smoke? Yes No How much _____ How long _____
Do you drink alcohol? Yes No How Much _____ How Long ____ Is it a problem for you Yes No
Is it a problem for your family Yes No
Do you use other illicit substances? Yes No Is it a problem for you Yes No
Is it a problem for your family Yes No

Additional Information

Any legal involvement: Yes ☐ No ☐ If yes explain: _____
_____

List your leisure interests: _____

What do you consider your strengths? _____
_____
_____

Briefly describe the problems that brought you here: _____
_____
_____
_____

Briefly list goals of your treatment; what would you like to achieve and/or see happen by coming here for care? _____
_____
_____
_____

Is there other information you would like to share? _____
_____
_____
_____