

Leslie McKenna Counseling

254 9th Avenue Drive NE, Hickory, NC 28601 • LeslieMckenna.com • (828) 443-8905

Name _____ Date of Birth _____ Age _____
Address _____ Home Phone _____
City _____ State _____ Zip Code _____ Work Phone _____
Cell Phone _____ Other Phone _____
Email address _____ Which numbers may I contact and /or leave a message for you? Circle

Who referred you to my practice?

Physician _____ Nurse _____
Practice Name _____ Friend/Family _____
Other (please specify) _____ Occupation _____

Can you briefly describe the issue that you are hoping to address in counseling?

Current Medical Problems _____

Current medications _____

If you have received counseling, psychological evaluation or psychiatric treatment before, please describe the problem that you were having.

What was that therapist or physician's name? _____

Who lives in your household with you? _____

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

To file insurance, I need the following information on the policy holder:

Name _____ SS# _____

Policy holder's date of Birth _____ Marital Status of policy holder _____

All information provided on this form is true and accurate to the best of my knowledge.

Signature _____ Date _____