



QC Psychology, PLLC

Provides Testing and Counseling

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www.qcpsychology.com

### ADULT INFORMATION FORM

#### PATIENT CONTACT AND IDENTIFYING INFORMATION:

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

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

Home Address: \_\_\_\_\_  
Address/Apt# City,State Zip Code

Preferred Phone: \_\_\_\_\_ Circle one: Home/Cell/Work

Preferred email: \_\_\_\_\_

Marital/Relationship Status: \_\_\_\_\_ Significant Other's Name: \_\_\_\_\_

Emergency Contact: In case of emergency, whom should we contact?

\_\_\_\_\_  
Name Contact Number Relationship

### MEDICAL AND MENTAL HEALTH INFORMATION FORM

Name of Physician/PCP: \_\_\_\_\_

PCP Group or Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of any other current physicians treating you: \_\_\_\_\_

Describe any current health problems that you are being treated for: \_\_\_\_\_

Current Medications Name	Dosage	Start Date

Past/Current Psychiatric/psychological Treatment: \_\_\_\_\_

Name of treating psychiatrist, if any: \_\_\_\_\_

Briefly describe your reason for seeking help at this time: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Updated on 2/6/23