

Associates at Park Avenue LLC

101 E Park Avenue, Greenville, SC 29601



Judith Alexander – Jeff Barnet – Nilly Barr – Shoray Kirk – Terry Molnar – Sonya O'Neal – Anna Voss

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phones: _____

Cell

home

work

Email: _____

Please put * by the numbers at which leaving a message is acceptable.

Date of birth: _____ gender: _____ age: _____

Social Security # _____

Marital Statue: _____

Education/occupation: _____

Referred by: _____

If a professional/Drs office referral, can we thank them for their referral? Y/N (please circle)

Name of closest relative: _____

Address: _____

Phones: _____

Home

work

cell

Are you under the care of a physician? _____

Name of physician: _____

What medications/if any are taking at this time? _____

Please list any allergies: _____

Please circle any of the following concerns which pertain to you?

Nervousness

Loneliness

Self-harm

Shyness

Stomach problems

Suicidal thoughts

Drug Dependence

Parenting

Fears

Anger

Sexual Problems

My thoughts

Sleep Problems

Headaches

Finances

Relaxation

Food/appetite

Self-control

Energy

Memory

Relationship

Sadness

Health problems

Career

What would you like to achieve in therapy? _____