

UNCW General Psychotherapy and Assessment Clinic Initial Application & Contact Information

Patient's Full Name _____ Birthdate _____ Age _____ Gender _____
 Local
 Address _____ City _____ State _____ Zip Code _____
 Permanent
 Address _____ City _____ State _____ Zip Code _____
 Preferred Phone _____ Alternate Phone Number _____
 Email Address _____
 Are you (or patient) _____ UNCW Student _____ UNCW Staff/Faculty _____ Neither (Community)

<u>Adult Patient or Responsible Adult for Billing</u>	
Self or Relationship to Patient _____	Name _____ Gender _____
Date of Birth _____	Age _____ Education (Years Completed) _____
Occupation _____	Employer _____
Employment Status (Circle One)	
(1) Unemployed	Military Service Member Yes _____ No _____
(2) Part-time	
(3) Full-time	Address (if different from above):
(4) Retired	Street _____
(5) Disabled	City _____ State _____ Zip Code _____

<u>Emergency Contact Information</u>	
Name _____	Relationship to Patient _____
Address _____	
Telephone Number: Daytime _____	Evening _____

<u>Immediate Family Names</u>	If child, <u>Shared/Other</u> <u>Custody (circle)</u>	<u>Gender</u>	<u>Age</u>	<u>Grade</u>	<u>Mental Health</u> <u>Diagnoses</u>
1. _____	S/O	_____	_____	_____	_____
2. _____	S/O	_____	_____	_____	_____
3. _____	S/O	_____	_____	_____	_____
4. _____	S/O	_____	_____	_____	_____

(USE BACK TO LIST ADDITIONAL CHILDREN)

Patient's Demographic Information

Patient's Ethnicity (please circle): (1) European-American (Caucasian) (2) African-American (3) Hispanic-American (4) Native-American (5) Asian-American (6) Multi-Racial (7) International other: _____

Is patient's primary language English? Yes _____ No _____
If no, list primary language: _____

Patient's Gender Identity: (please circle) (1) Male, (2) Female, (3) Transgender Male/ Trans Man/ FTM (4) Transgender Female/Trans Woman/ MTF, (5) Genderqueer/ Gender non-conforming, (6) Different identity (please state): _____

Patient's Relationship Status: (please circle) (1) Child (N/A) (2) Single (3) Married (4) Divorced (5) Separated (6) Widowed (7) Further explanation (e.g., cohabiting): _____

Educational Status (Circle all that apply): (1) Grade School (2) GED or Equivalency (3) Graduated High School (4) Some Post-Secondary (5) AA or AS Degree (6) BA or BS Degree (7) Graduate Student
of Grades completed: _____

If **Disability Status**, which apply? **(Circle all that apply)** (1) Physical/Orthopedic (2) Blind/Visually Impaired (3) Deaf/Hard of hearing (4) Learning/Cognitive disability (5) Developmental disability (6) Serious mental illness (7) Other: _____

Patient's Religious Affiliation Yes _____ No _____ Sect/ Denomination _____

CONTACT PREFERENCES

OK to leave phone message from the UNCW GPAC Clinic? Yes _____ No _____

Ok to contact via email for scheduling only? Yes _____ No _____

Email Address _____

Other contact preferences?

Thank You