

# Silber Psychological Services, P.A.

www.silberpsych.com

1004 Dresser Court, Suite 103  
Raleigh, North Carolina 27609  
Telephone: (919) 876-5658  
Facsimile (919)-790-1521

1340 S.E. Maynard Road, Suite 201  
Cary, North Carolina 27511  
Telephone: (919) 481-9012  
Facsimile: (919)-481-9013

## For office use only

Date of Appointment: \_\_\_\_\_

Dx: \_\_\_\_\_

Acct. No.: \_\_\_\_\_

Tx: \_\_\_\_\_

## CHILD INFORMATION

Child's Name \_\_\_\_\_  
*First MI Last Name your child goes by*

Sex \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Is This Child Adopted? Yes \_\_\_\_\_ No \_\_\_\_\_

Child's Home Address \_\_\_\_\_  
*Street City State Zip*

Child's Home Phone No. \_\_\_\_\_ Child's Cell Phone No. \_\_\_\_\_

School Currently Attending \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_ If this child has been retained, please indicate which grade \_\_\_\_\_

Child's Physician or Pediatrician \_\_\_\_\_

If your child is on any medication, please list it here \_\_\_\_\_

Have you or a family member been here before? \_\_\_\_\_ Who referred you to us? \_\_\_\_\_

## PARENT INFORMATION

### Father

### Mother

- |  |                   |                   |
|--|-------------------|-------------------|
| 1. Name  | 1. _____          | 1. _____          |
| 2. Age 3. Highest Education Level                    | 2. _____ 3. _____ | 2. _____ 3. _____ |
| 4. Occupation  | 4. _____          | 4. _____          |
| 5. Place of Employment                               | 5. _____          | 5. _____          |
| 6. Work Phone Number                                 | 6. _____          | 6. _____          |
| 7. Cell Phone Number                                 | 7. _____          | 7. _____          |
| 8. Home Phone Number, <i>IF different from child</i> | 8. _____          | 8. _____          |
| 9. Address, <i>IF different from child</i>           | 9. _____          | 9. _____          |

### Stepmother

### Stepfather

- |  |                   |                   |
|--|-------------------|-------------------|
| 1. Name  | 1. _____          | 1. _____          |
| 2. Age 3. Highest Education Level                    | 2. _____ 3. _____ | 2. _____ 3. _____ |
| 4. Occupation  | 4. _____          | 4. _____          |
| 5. Place of Employment                               | 5. _____          | 5. _____          |
| 6. Work Phone Number                                 | 6. _____          | 6. _____          |
| 7. Cell Phone Number                                 | 7. _____          | 7. _____          |
| 8. Home Phone Number, <i>IF different from child</i> | 8. _____          | 8. _____          |
| 9. Address, <i>IF different from child</i>           | 9. _____          | 9. _____          |

Please continue on to page 2

Siblings: Please list brothers and sisters by name and their age

_____	_____
_____	_____
_____	_____
_____	_____

If your child has seen other professionals, please list and approximate dates:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_