Tele. 336-565-2100 **RHONDA L. DAVIS, MDiv, MSW, LCSW** LCSW #C008566
Psychotherapy and Pastoral Counseling
Robinhood Executive Building
3447 Robinhood Rd., Suite 204
Winston-Salem, NC 27106

Client Information Questionnaire

Name____Date_________________________

Address____________________________City______________________State________Zip_____

Telephone (Hm,)__________________(Wk.)_________________(cell)________________

Age_______Date of Birth___________________Marital Status________________Gender________

Occupation____________________________Employer____________________________________

Who referred you ____

May I thank them for the referral? Yes No

When were you last examined by a physician________________Name of physician_____________

List any mental health medications you are currently taking and dosage.

____

Who prescribed your mental health medications? ____

Previous Counseling, Therapy, or other healing services (Names and Dates)

____

Family members and others living in your home:

Name	Date of Birth	Relationship

In Case of Emergency Please Contact:

Name________________________________Relationship___________________________________

Address________________________________Phone (Day)_______________Evening_____________

Consent to call if needed:____(signature)

Insurance Information

Policy holder's name and relationship
____

Address____

Birthday________________ Place of Employment __________________________________

Insurance co. name ________________________________ Policy # ___________________

Group# _________ Deductible ________________ Co-payment _______________

Pre-authorization __________________________