Dr. Carol L. Clark, PA

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Counselor@DrCarolClark.com
305-891-1827
fax: 815-346-3476

BASIC INFORMATION

Date: _____

Name: Age:

Best way to contact you: Home Phone: _____ Cell Phone: _____

E-mail _____

Restrictions on calling or email? _____

Employment/Type of

Education:

Name of Significant Other:

Names and Ages of Children:

Emergency Contact: Phone:

Referral Source:

Previous Counseling or Psychiatric Experience: When? _____ With whom? _____

Describe briefly _____

Current Medications:

Are you currently experiencing feelings of wanting to hurt yourself? _____ Someone else? _____

Please describe: _____

Previous or past diagnoses:

Presenting Problem:

Notes: