

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

**Cathy Leslie, PH.D., PLLC**

1709 Legion Rd., Suite 223, Chapel Hill, NC 27517 919-932-7710 Fax: 919-932-7671

Client(s) Name \_\_\_\_\_ SSN \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ May I leave a message? Yes No  
Cell Number \_\_\_\_\_ May I leave a message? Yes No  
Word Number \_\_\_\_\_ May I leave a message? Yes No  
E-mail \_\_\_\_\_ May I leave a message? Yes No  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male  Female

**If Adult:**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Spouse/Partner's Name \_\_\_\_\_  
Children's Names and Ages \_\_\_\_\_

**If Child/Student:** Parent/Guardian's Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Best phone # to be reached at \_\_\_\_\_  
School Currently Attending \_\_\_\_\_ Grade/Year \_\_\_\_\_

**In case of emergency notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Guarantor Information (If other than self):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ Policyholder \_\_\_\_\_

Policyholder SSN: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Primary Care Physician:** \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Referral Source: How did you find out about us?**

Friend  Insurance Co.  Health Care Professional  Pastor  Employer  Phone Book   
Other \_\_\_\_\_

Information about person who made referral:

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Church Affiliation (if any)** \_\_\_\_\_