

Mary O'Leary Wiley, Ph.D.

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Today's Date _____

Please complete the following prior to your first appointment. If you find any of the questions difficult to answer or find them offensive, please just leave them blank.

Name _____

Address _____

Home phone _____ Work phone _____

Age _____ Date of Birth _____ Social Security No. _____

Ethnicity/Religion _____ Email _____

Address _____

Highest level of education _____

(include name of school and major, if appropriate)

Occupation _____ Employer _____

Concerns that bring you to meet with Dr. Wiley:

Family Information:

Name

Age

Occupation

Spouse/Partner _____

Children _____

Mother _____

Father _____

Siblings _____

Previous or current counseling/psychotherapy:

Dates _____ Name of therapist _____

Name of your Primary Care Physician _____

Please list any medical conditions you have now or in the past: _____

Please list all medications you currently take:

Dates _____ Name of medication _____ Purpose _____ Prescribed by _____

Referred by: _____

Sign here if I may thank them for referring you.

Date: _____

Insurance Information

Company _____

Claims Address and Phone Number _____

(from your card) _____

Policy Number (and Group Number) _____

Primary Insured's Name _____

Primary Insured's Social Security Number _____

Primary Insured's Date of Birth _____

Primary Insured's Employer _____

Sign here if I have your permission to release information to your insurance company in order for them to process you claim, and if you authorize your insurance company to pay me directly.

Date _____

Career History (if you have career concerns)

Dates _____ Position _____ Reason for leaving _____

