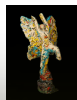


**Pediatric & Family
Psychology, P.A.**



Rosalind L. Heiko, Ph.D.
Licensed Psychologist

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Cary, NC 27518

Tel. 919.858.9692
www.drheiko.com

Adult Information Form

Name: _____ Date: _____

Date of Birth: _____ Age: _____ Marital Status: _____

Address: _____

Occupation: _____

Employed by: _____

Home Telephone: _____ Cellphone: _____

Work Telephone: _____ Pager #: _____

Medical Information:

Primary Physician, Specialty & Phone Number:

Psychiatrist (if applicable):

Do you have any medical or psychological problems or diagnoses:

Current Medications:

Have you any previous mental health evaluations or treatment and with whom:

How were you referred to this practice?

Website Friend Work Colleague EMDR website ASCH website

Please name referring Physician or Mental Health Clinician:

Thank you for taking the time to fill out this form!