A COUNSELING CENTER, P.C.
PRIMARY DATA FORM: Front of File

Last Name		First Name	Middle Initial
Street	City	State	Zip
Phone	Date of Birth	Age	Marital Status
Emergency Contact	Phone	Guardian	Phone
Psychiatrist	Phone	Referral Source	Phone
		Kevin E. FitzMaurice, M.S.	573-7277
Physician/Medical Clinic	Phone	Counselor	Phone

Social Security #

Private Insurance Company Address and Phone or N/A

Private Insurance # or N/A

Medicaid Extra # or N/A Medicare Extra #

*****STOP***DSM DIAGNOSES PROVIDED BY YOUR COUNSELOR*****

Axis I: _____

_____

_____

Axis II: _____

_____

Axis III: _____

_____

_____

Axis IV: _____

_____

_____

Axis V: Current GAF: _____ Highest GAF past year: _____