

# Dr. Ann C. McDaniel

Dr. Ann McDaniel PsyD LMHC NCC MAC NBCCH SAP  
Licensed Mental Health Counselor  
Certified in Sex Therapy, Hypnotherapy & Addictions  
452 Osceola Street Suite 106, Altamonte Springs, FL 32701

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

Patient Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_

Other Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Marital Status: \_\_\_\_\_ Children: \_\_\_\_\_

Others Living in the Home: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ How Long? \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Name Insured/Relationship: \_\_\_\_\_

Insured's Date of Birth: \_\_\_\_\_ Insured's SS#: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Educational Level (Highest Grade Completed): \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> less than high school | <input type="checkbox"/> some college       |
| <input type="checkbox"/> some high school      | <input type="checkbox"/> college graduate   |
| <input type="checkbox"/> high school graduate  | <input type="checkbox"/> post-graduate work |

Military Service:  No If Yes, Status:  
 Yes  Active  Honorable Discharge  
 Medical Discharge  Dishonorable Discharge

Religion (optional): \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any significant health problems? \_\_\_\_\_

\_\_\_\_\_

List any medications/dosages you are currently taking: \_\_\_\_\_

\_\_\_\_\_

Do you have any allergies? \_\_\_\_\_

Have you been in therapy before? \_\_\_\_\_ When? \_\_\_\_\_

Name of Therapist: \_\_\_\_\_

Issues Addressed: \_\_\_\_\_

In Case of Emergency, Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

If patient is minor:

Mother (or Guardian)

Father

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(H) Phone: \_\_\_\_\_

(W) Phone: \_\_\_\_\_

Additional Information: