Hope & Wellness Rising
Grow through Challenges

Kristie Engel, PhD, Licensed Psychologist

DEMOGRAPHIC INFORMATION

Patient Name:
_____

Last Name First Name MI

Date of Birth: _____ Gender: _____

Phone (H): _____ OK to leave message? _____Y _____N

Phone (C): _____ OK to leave message? _____Y _____N

Street Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Legal Guardian: _____

Last Name First Name

Date of Birth: _____ Gender: _____ Relationship to Child: _____

Phone (H): _____ OK to leave message? _____Y _____N

Phone (C): _____ OK to leave message? _____Y _____N

Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Legal Guardian: _____

Last Name First Name

Date of Birth: _____ Gender: _____ Relationship to Child: _____

Phone (H): _____ OK to leave message? _____Y _____N

Phone (C): _____ OK to leave message? _____Y _____N

Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

If you are a separated/divorced parent or a legal guardian, please bring legal documentation of your authority to seek psychological services for the child to the initial consultation appointment. Hope & Wellness Rising, PLLC, is unable to provide services without this documentation.

How did you hear about Hope & Wellness Rising, PLLC?

___Website ___Psychiatrist ___Therapist ___Friend ___Medical Provider

___Internet ___Psychology Today ___School ___Relative ___Other:_____