

**Jeanne Murrone, Ph.D.**  
**Licensed Psychologist**  
**233 South Sharon Amity Road, Suite 100**  
**Charlotte, North Carolina 28211**  
**(704) 366-2211**

Today's Date: \_\_\_\_\_.

**IDENTIFICATION:**

Child's name: \_\_\_\_\_.

Date of Birth: \_\_\_\_\_.

Home Address: \_\_\_\_\_.

City \_\_\_\_\_ Zip Code \_\_\_\_\_.

Home Phone: \_\_\_\_\_ . Office Phone: \_\_\_\_\_.

Cell Phone: \_\_\_\_\_.

Fax# if available: \_\_\_\_\_.

**ACADEMIC HISTORY:**

Current grade and school: \_\_\_\_\_.

Other schools or educational experiences; (CONTINUE ON BACK OF PAGE IF NEEDED)

What	Where	When and for how long
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**FAMILY HISTORY:**

Parents' names: \_\_\_\_\_.

Their type of employment and location: \_\_\_\_\_.

SIBLING'S NAMES, GENDER, AGES, CURRENT SCHOOL PLACEMENT AND GRADE

\_\_\_\_\_.

**MEDICAL HISTORY:**

Pregnancy, labor, delivery: \_\_\_\_\_.

Infancy and developmental milestones of first 1-2 years:

\_\_\_\_\_.

Significant and/or persistent medical/health problems:

\_\_\_\_\_.

**PRIOR TREATMENT HISTORY:**

Has your child ever received psychological or psychiatric or counseling services before?    Yes            No

If yes, with whom and for what purpose:

\_\_\_\_\_.

\_\_\_\_\_.

Is your child taking, or has taken in the past, prescribed medications of any type?

Yes    No

If yes, please list the medication name, dosage, and who prescribed it:

\_\_\_\_\_.

Reason(s) for today's appointment:

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

Parent's signature: \_\_\_\_\_.

**Jeanne Murrone, Ph.D.**

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P. (704) 366-2211 F. (704) 364-4777**

## **Consent and Authorization To Release/Exchange Information**

I, the undersigned, as parent/legal guardian for \_\_\_\_\_,  
(print name of minor)  
give Jeanne Murrone, Ph.D. permission to release/exchange information with

\_\_\_\_\_  
(name of other professional or agency)

The consent pertains to verbal, faxed, and/or written information that is needed for coordination of treatment and maximization of treatment outcomes.

This consent remains effective for one year from today (\_\_\_\_\_) or until rescinded in writing by me prior to that time.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date