

Information Form for Adults – Aoife Lyons, Ph.D.

Name: _____

Date of Birth: _____

Address: _____

Home Phone: _____

Alternate phone #: _____

Email Address: _____

Preferred Method of Contact (please circle one): home phone alternate phone e-mail

Referral source: _____

Physician's name and phone number: _____

Occupation: _____

Highest level of education: _____

Marital Status: _____

What are your main concerns at this time: _____

Have you been in counseling or had psychological testing in the past? If so, with whom and when did you receive treatment? _____

Are you currently taking any medications? If so, please list and include dosage:
