



the mandel center

**The Mandel Center of Arizona**

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**Personal Information Sheet (Please Print!)**

Today's date: \_\_\_\_\_

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

Home address: \_\_\_\_\_

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

Phone where I can best reach you and leave a message: \_\_\_\_\_

Occupation: \_\_\_\_\_ Referred by: \_\_\_\_\_

Highest level of education: \_\_\_\_\_

Business address: \_\_\_\_\_

**People currently in your household:**

FIRST NAME	RELATIONSHIP	QUALITY OF RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please provide the following in case of an emergency:**

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medical conditions: \_\_\_\_\_

Medications and doses: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Current Issues:**

PLEASE BRIEFLY STATE HOW YOU ARE FEELING ABOUT COUNSELING AND WHAT YOU HOPE TO ACCOMPLISH:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This information is true and to the best of my knowledge.**

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

Reviewed by Alyssa Mandel: \_\_\_\_\_ Date: \_\_\_\_\_