



WENDELL COUNSELING

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

**PATIENT INFORMATION**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M / F

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

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Pediatrician: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian Name:

\_\_\_\_\_

Street Address:

\_\_\_\_\_

City/State/Zip:

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Parent/Guardian Name:

\_\_\_\_\_

Street Address:

\_\_\_\_\_

City/State/Zip:

\_\_\_\_\_

**Wendell Counseling, LLC**

Dane Wendell, LCPC  
600 Wyndhurst Ave, apt 112  
Baltimore, MD 21210  
443-862-0892

[dwendell@wendellcounseling.com](mailto:dwendell@wendellcounseling.com)



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Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Do both parents of the child live together? \_\_\_\_ Yes \_\_\_\_ No

If not, who has **primary physical custody?**

\_\_\_\_\_ **Legal custody?**

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**EMERGENCY CONTACT:**

\_\_\_\_\_

Telephone number(s):

\_\_\_\_\_

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