

4419 Van Nuys Blvd. #206 Sherman Oaks, CA 91403
818-351-3511

CONFIDENTIAL PATIENT DATA FORM

Patient Name: _____

Date of Birth: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Is Patient Married: _____

Length of Marriage: _____

If not Married with Significant Other: _____

Length of Relationship: _____

Number of Children: _____

Ages: _____

Current Medication: _____

Name of Prescribing MD: _____

Last Physical Exam: _____

Name of Physician: _____

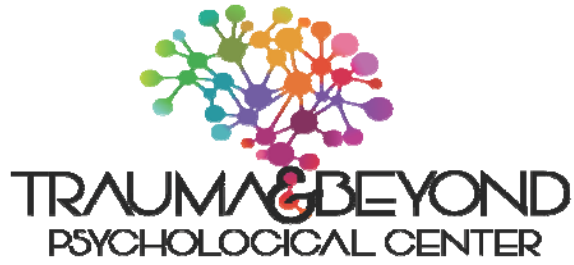
Previous Therapist Name: _____ Length of Treatment: _____

Is Family Supportive of Treatment: _____

Have you ever been hospitalized for a psychiatric / mental health issue:

Previous Mental Health Treatment

Have you ever participated in psychotherapy before? _____



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When? _____

For how long? _____

Was your previous therapy a positive or negative experience? _____

History of Psychiatric medications: _____

Is there a history of mental illness in your family (please describe)

Trauma History (if you would like we can complete this section together):

	Yes	No
Have you ever felt suicidal?	•	•
Do you use drugs/alcohol	•	•
Do you consider them a problem for you?	•	•
Have you a history of cutting	•	•

Current Living Situation (alone, with others, with family):

Highest level of education? Highest grade/degree and type of degree:

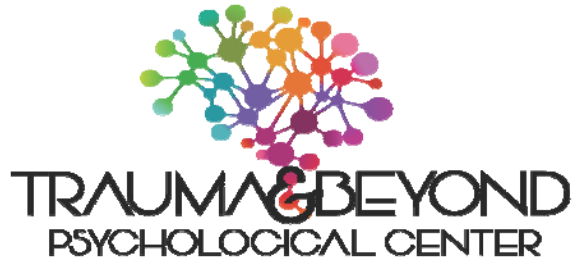


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Current Occupation? What do you do? How long have you being doing it?

What brings you into therapy at this time? Is there something specific such as a particular event? Be as detailed as you can. (attach a separate sheet of paper)

What are your current goals (attach separate sheet of paper as necessary)



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Please list any medical conditions you are presently experiencing, or have been treated for during the past 5 years:

What else would you like me to know?

For Minor client, the responsible party is:

Name _____

Address _____

Home Phone# _____ Work Phone# _____

Referred by _____

Emergency Contact _____ Phone# _____

Form Completed by (Signature): _____ Date _____