



TRAUMA & BEYOND
PSYCHOLOGICAL CENTER

14156 Magnolia Blvd. Suite 101 Sherman Oaks, CA 914230

818-351-3511

CONFIDENTIAL PATIENT DATA FORM

Patient Name: _____

Date of Birth: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Referred by _____

*Emergency Contact _____ Phone# _____

Is Patient Married: _____

Length of Marriage: _____

Gender Identity: _____

Sexual Orientation: _____

Gender Orientation: _____

Pronoun Identification: _____

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: _____

Have you had the Covid-10 Vaccination? Date of 1st Vaccine _____ Date of 2nd Vaccine _____

(please provide copy of Covid-19 Vaccination Record Card) or date of appointment:



14156 Magnolia Blvd. Suite 101 Sherman Oaks, CA 914230

818-351-3511

Are you currently experiencing any symptoms of illness including fever, shortness of breath, coughing, or sneezing?

Have you recently traveled (where and when did you return)?

Have you had any contact with someone ill or who has symptoms of coughing, sneezing, fever, shortness of breath, or in proximity with anyone diagnosed with Covid-19 Virus:

Are there any family members living with you who are currently or recently ill with covid or other major disease? Are you a primary caretaker for an ill family member (other than your own child)?

Are you currently or have you experienced suicidal ideation, intent or action?:

Are you currently or have you experienced homicidal ideation?

Do you have a history of violence, please describe:

Do you currently have or have access to any weapons:

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

Previous Therapist Name: _____ Length of Treatment: _____



TRAUMA & BEYOND
PSYCHOLOGICAL CENTER

14156 Magnolia Blvd. Suite 101 Sherman Oaks, CA 914230

818-351-3511

Is Family Supportive of Your Being Treatment: _____

Previous Mental Health Treatment

Have you ever participated in RTC, PHP, IOP, TX? _____

When/where:

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):

Any history of disordered eating / eating disorder:



TRAUMA & BEYOND
PSYCHOLOGICAL CENTER

14156 Magnolia Blvd. Suite 101 Sherman Oaks, CA 914230

818-351-3511

	Yes	No
Do you use drugs/alcohol	<input type="checkbox"/>	<input type="checkbox"/>
Do you consider them a problem for you?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what do you use and how often?	_____	
If no, are you currently in recovery, how much time:	_____	

	Yes	No
Have you a history of self-harm	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe how often, what method, most recent:	_____	

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

What interpersonal resource/ support do you have _____

Hobbies: _____

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

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

Any past or present legal problems:



TRAUMA & BEYOND
PSYCHOLOGICAL CENTER

14156 Magnolia Blvd. Suite 101 Sherman Oaks, CA 914230

818-351-3511

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)

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



TRAUMA & BEYOND
PSYCHOLOGICAL CENTER

14156 Magnolia Blvd. Suite 101 Sherman Oaks, CA 914230

818-351-3511

What else would you like me to know?

Form Completed by (Signature): _____ Date _____

For Minor client, the responsible party is:

Name _____

Address _____

Home Phone# _____ Work Phone# _____