

Los Angeles Behavioral Health & Wellness Office

Today's Date:			
Your Name:		Driver's License #	
Date-of-birth:	Age:	Employer's Name:	
Home Telephone:		Work Telephone:	
Home Address:		Work Address:	
Personal Physician:		Physician's Phone #:	
Referred by:			
Patient's Insurance:		Insurance's phone #:	
Insurance billing address:		Group #:	
		Insured's name (if different):	
Patient ID #:		Relationship to you:	
Are you currently taking medication? If yes, what medication? Dosage?			
For what medical or psychological condition?			
Have you been in psychotherapy before?		Individual?	Couples?
When?		Group?	
With whom?			
Person to contact in case of emergency:		Phone:	
What brought you to my office at this time in your life?			