

# P. ARMSTRONG, PH.D

Psychological Services  
8632 S. Sepulveda Blvd., Ste. 200  
Los Angeles, CA 90045  
(310) 613-0829  
(310) 337-7333 fax

## CLIENT INFORMATION

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

Note: If you have been a client here before, please fill in only the information that has changed.

### A. Identification

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State CA zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

\*Calls will be discreet, but please indicate any restrictions:

E-MAIL: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

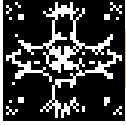
Race/Ethnicity: \_\_\_\_\_ Marital Status:  Divorced  Single

Married  Widowed  
 Separated Other \_\_\_\_\_

Number of Children: \_\_\_\_\_

### B. Current Health Insurance Carrier

\_\_\_\_\_



**C. Current Employer**

\_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_

**D. Emergency Contact Person**

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

Home Phone \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_

**E. Medications:**

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

**F. Prior Psychiatric History:**

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

1. Substance Abuse Hx. \_\_\_\_\_ 2. Domestic Violence Hx. \_\_\_\_\_

3. Legal Problems \_\_\_\_\_

Explanation: \_\_\_\_\_

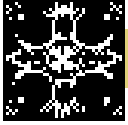
**G. Primary Care Physician:**

\_\_\_\_\_

**ADDRESS:**

\_\_\_\_\_

**AUTHORIZATION TO CONTACT IF RELEVANT:** Yes \_\_\_\_\_ No \_\_\_\_\_



- California Notice Form**
- Consent to Treatment**
- Information You Have a Right to Know**
- Limits of the Therapy**