

820 Bay Avenue, Suite 248
Capitola, CA 95010
Tel: (831) 621-1150
Fax: (831) 621-1154
www.medicalpsychologyservice.com
drdashtban@medicalpsychologyservice.com

Client Information Form

Today's date: _____

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

A. Identification

Your name: _____ Date of birth: _____ Age: _____

Nicknames or aliases: _____ Social Security #: _____

Home street address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Home/evening phone: _____ e-mail: _____

Calls or e-mail will be discreet, but please indicate any restrictions:

B. Referral: Who gave you my name to call?

Name: _____ Phone: _____

Address: _____

May I have your permission to thank this person for the referral? Yes No

How did this person explain how I might be of help to you?

C. Religious and racial/ethnic identification

Current religious denomination/affiliation Protestant Catholic Jewish Islamic Buddhist

Hindu

Other (specify): _____

Involvement: None Some/irregular Active

How important are spiritual concerns in your life?

Which (if any) church, synagogue, temple, or meeting are you involved with?

Ethnicity/national origin: _____ Race: _____ or other
similar way you identify yourself and consider important:

D. Your medical care: From whom or where do you get your medical care?

Clinic/doctor's name: _____ Phone: _____
_____ Address: _____

If you enter treatment with me for psychological problems, may I tell your medical doctor so that he or she can be fully informed and we can coordinate your treatment? Yes No

E. Your current employer

Employer: _____ Address: _____

Work phone: _____ or other means of communication

Calls will be discreet, but please indicate any restrictions:

F. Emergency information

If some kind of emergency arises and we cannot reach you directly, or we need to reach someone close to you, whom should we call?

Name: _____ Phone: _____ Relationship: _____

Address: _____

Significant other/nearest friend or relative not residing with you: _____