Evelyn Pechter, PsyD
CLINICAL PSYCHOLOGIST PSY 21132
28720 Roadside Drive, Suite 290
Agoura Hills, CA 91301
310-622-5741

CLIENT INFORMATION FORM

DATE _____

NAME_____ AGE ____ DATE OF BIRTH _____

ADDRESS_____

CITY/ZIP_____

HOME PHONE #_____ email:_____
Email used only for non-therapy issues.

BUSINESS#_____ MOBILE #_____
Which of these numbers may I leave messages at? _____

WORK ADDRESS _____

OCCUPATION_____

MARITAL STATUS _____ CHILDREN/AGES _____

PERSON TO CONTACT IN AN EMERGENCY: _____

RELATIONSHIP _____ PHONE _____

PLEASE LIST ANY HEALTH PROBLEMS _____
_____

PLEASE LIST MEDICATIONS YOU TAKE & DOSAGES _____
_____

HAVE YOU BEEN HOSPITLIZED PREVIOUSLY FOR PSYCHOLOGICAL REASONS OR DRUG DEPENDENCY? YES____ NO____
If yes, please describe _____

NAME/NUMBER OF PSYCHIATRIST (If applicable) _____

REFERRED BY _____

Medical Doctors:

Primary Care: Name:_____
Address:_____
Phone:_____

Other Medical Care Specialists:
Name_____
Specialty_____
Address:_____
Phone:_____