

***Marijane E. Ward, Ph.D.***

Clinical Psychologist #16623  
901 Dove Street Suite 299  
Newport Beach, CA 92660  
949 388-3741

***Client Information***

NAME \_\_\_\_\_ Today's Date \_\_\_\_\_

ADDRESS \_\_\_\_\_ Social Security # \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ Work Phone \_\_\_\_\_

CELL PHONE \_\_\_\_\_ Home Phone \_\_\_\_\_

Marital Status \_\_\_\_\_ Number of Children \_\_\_\_\_ Number of Previous Marriages \_\_\_\_\_

Previous Therapy? ( ) Yes ( ) No When \_\_\_\_\_ How Long? \_\_\_\_\_

Reason \_\_\_\_\_ Effective \_\_\_\_\_ Name \_\_\_\_\_

Current Medications \_\_\_\_\_ Primary Doctor \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Date of Last Physical Exam \_\_\_\_\_

Family History of Mental Illness ( ) Yes ( ) No ( ) Unknown If yes, Whom \_\_\_\_\_

REASON(S) for Seeking Therapy \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT \_\_\_\_\_

Authorization to Notify During an Emergency ( ) Yes ( ) No

---

REFERRING DOCTOR \_\_\_\_\_