

Advantage Psychological Services

2625 Townsgate Rd. Ste 330

Westlake Village, CA 91361

Phone: 424-279-4240 / Fax: 818-530-7808

NAME _____

AGE _____

DATE OF BIRTH _____

ADDRESS _____

CITY/ZIP _____

SOC.SEC.# _____

DRIVER'S LIC.# _____

PRIMARY LANGUAGE _____

ETHNICITY _____

HOME TELEPHONE _____

CELL PHONE _____

EMPLOYER _____

OCCUPATION _____

BUSINESS ADDRESS _____

CITY/ZIP _____

BUSINESS PHONE _____

EDUCATION/ DEGREE _____

MARITAL STATUS _____

CURRENT LIVING SITUATION _____

NAME & AGE OF CHILDREN _____

DATE OF YOUR DUI ARREST: _____

DATE OF ARRAINGMENT: _____

DATE OF ANY PRIOR DUI ARRESTS: _____

DESCRIBE ANY HEALTH PROBLEMS: _____

MEDICATIONS YOU TAKE & DOSAGE _____

DOCTOR'S NAME AND PHONE _____

IN YOUR FAMILY, INCLUDING YOURSELF, WAS THERE:

ALCOHOLISM? YES/NO

FATHER / MOTHER / SIBLINGS / SELF

HOW LONG? _____

RESOLVED?: _____

SUBSTANCE ABUSE? YES/NO

FATHER / MOTHER / SIBLINGS / SELF

HOW LONG? _____

RESOLVED?: _____

MENTAL ILLNESS? YES/NO

FATHER / MOTHER / SIBLINGS / SELF

HOW LONG? _____

RESOLVED?: _____

SERIOUS ILLNESS? YES/NO

FATHER / MOTHER / SIBLINGS / SELF

HOW LONG? _____

RESOLVED?: _____

EMERGENCY CONTACT

NAME/RELATIONSHIP _____

EMERGENCY CONTACT PHONE:(____) _____

IF THE CLIENT IS A MINOR, WHO IS THE LEGAL GUARDIAN? _____

HOW DID YOU HEAR ABOUT MY SERVICES? _____

PLEASE SIGN BELOW TO INDICATE THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT:

CLIENT: _____

DATE: _____