

*Elana Clark-Faler, LCSW
329 N. Wetherly Blvd., Suite 204
Beverly Hills, CA 90211
310-403-9147*

GENERAL INFORMATION:

Date ____ - ____ - ____

Name _____ Date of Birth ____ - ____ - ____

Address _____

City _____ State ____ Zip _____

Home phone _____ Work phone _____ Mobile/Other _____

E-mail Address _____

Person to notify in the event of an emergency _____

Emergency contact relationship to you _____

Contact's phone number _____

Referred by _____

EDUCATION:

Highest grade/degree completed _____ Where _____

Current Occupation/Current Employer _____

FAMILY:

Present Relationship Status:

- Married or in a primary relationship
- Single: How long? _____
- Divorced: How long? _____
- Dating
- Widowed
- In a new relationship (6 months or less)
- Other

OTHERS LIVING IN HOUSEHOLD:

Name	Relationship	Age	Comments

MEDICAL INFORMATION:

General physical health is () Excellent () Good () Fair () Poor

Are you presently taking medication(s)? _____ If yes, please list _____

Please list and describe any physical problems you presently have _____

Psychiatrist name _____

BRIEF DESCRIPTION OF PROBLEM: State your concerns, why you are seeking psychological evaluation/counseling and when the difficulties began (suddenly, gradually).

Please describe your area(s) of strength: _____

NOTE: In order to prevent misunderstanding about insurance please note that:

- (1) All services furnished are charged directly to client.
- (2) Information will be provided to submit your own claims.
- (3) Clients are personally responsible for payment at time of service.

Thank you.