

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: _____