Marijane E. Ward, Ph.D.
Clinical Psychologist #16623
180 Newport Center Drive Suite 270
Newport Beach CA 92660
949 388-3741

Client Information

NAME ________________________________ Today's Date ______________

ADDRESS ____________________________ Social Security #_____________

Employer ________________________________Occupation___________________

DATE OF BIRTH __________________Work Phone___________OK to call?___Si_

CELL PHONE ______________OK to call?___Home phone ________OK to call?____

Email (optional) ____________________________

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 ____________________________Phone _____________