



The Center for
Mind & Body Wellness
Psychotherapy & Healing Arts

THE CENTER FOR MIND AND BODY WELLNESS

9466 Black Mountain Road, Ste. #130
San Diego, CA 92126

PATIENT INFORMATION FORM

PATIENT: _____
(Please Print)

DATE OF BIRTH: _____ **GENDER:** Male ____ Female ____

ADDRESS: _____

CITY: _____ **State** _____ **Zip** _____

Employer/School _____

Parent(s) _____

Work Telephone: () _____ **Home:** () _____

SOCIAL SECURITY #: _____ **Drivers License #** _____

OCCUPATION/POSITION: _____

Emergency Contact: _____

Relevant Medical History: (history, current conditions, any changes in medical condition)

Medications:

Past and Present Medical Care: (Specify major problems, accidents, hospitalizations)



The Center for
Mind & Body Wellness
Psychotherapy & Healing Arts

Primary Care Physician: _____

Address: _____

Telephone: _____

Past and Present counseling/psychotherapy, hospitalizations: (Include any prior history of treatment for alcohol or drug problems)

1. Psychotherapist _____ Dates _____

Initial Reason for seeking treatment:

Outcome:

2. Psychotherapist _____ Dates _____

Initial Reason for seeking treatment:

Outcome:

***Use space on the back of the last page if required**

Reason for seeking psychotherapy today:

Past and present drug/alcohol use/abuse or other addictions:

Family history of alcoholism, violence, suicide or criminality: _____

History of sexual abuse: _____



The Center for
Mind & Body Wellness
Psychotherapy & Healing Arts

Present living situation: _____

Social supports: _____

Stressors: _____

Insurance Company: _____

Authorization# _____

Expected copay: _____

I understand that I am responsible for determining the amount of my copay if I am utilizing my insurance benefits and for payment of this amount at the end of every psychotherapy session. I further understand that if I am utilizing insurance benefits and my insurance company fails to provide reimbursement for my psychotherapy sessions that I am responsible for payment of the full fee for treatment.

Signed _____

Date _____
