



**COLLINS' PSYCHOLOGICAL THERAPY & CONSULTING, Inc.**  
4455 Murphy Canyon Rd. 100-9  
San Diego, California 92123  
858-536-8985

## PATIENT INFORMATION FORM

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Sex:

Male

Female

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Parent(s): \_\_\_\_\_

Work Telephone: (     ) \_\_\_\_\_ Home: (     ) \_\_\_\_\_

SS#: \_\_\_\_\_ 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)

\_\_\_\_\_

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 for the following:

1. Reason for seeking psychotherapy today:

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

3. Family history of alcoholism, violence, suicide or criminality:

4. History of sexual abuse:

5. Present living situation:

6. Social supports:

7. 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: \_\_\_\_\_