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### CLIENT INFORMATION

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

\_\_\_\_\_ Phone #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Work Name / Address \_\_\_\_\_

\_\_\_\_\_ Phone #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

School Name / Address \_\_\_\_\_

\_\_\_\_\_ Phone #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Prior Psychological Treatment / Hospitalizations: \_\_\_\_\_

\_\_\_\_\_

Health Conditions / Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Prescribed By: \_\_\_\_\_

Insurance: \_\_\_\_\_ Phone # (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ ID#: \_\_\_\_\_

Referred By: \_\_\_\_\_

Today's Date: \_\_\_\_\_