Patti Dengler MS, LMFT 34610

31324 Via Colinas Avenue, Suite 111 Westlake Village, CA 91362
805/807/0642 818/436/4679fax patti.dengler@me.com PattiDengler.com

NITIAL VISIT INFORMATION

CLIENT INFORMATION

Name _____ Today's Date _____

Date of Birth _____ email _____

Street Address _____ City _____ Zip _____

- ☐ Cell Phone _____
- ☐ Home Phone _____
- ☐ Work Phone _____

- ☐ May we mail you at the address above?
- ☐ May we email you at the address above?

Please check box by the best number to reach you?

RESPONSIBLE PARTY/PARENT/SPOUSE

Name _____

Date of Birth _____ email _____

Street Address _____ City _____ Zip _____

- ☐ Cell Phone _____
- ☐ Home Phone _____
- ☐ Work Phone _____

- ☐ May we mail you at the address above?
- ☐ May we email you at the address above?

Please check box by the best number to reach you?

PARENT

Name

Date of Birth **email**

Street Address **City** **Zip**

- ☐ **Cell Phone**
- ☐ **Home Phone**
- ☐ **Work Phone**

- ☐ **May we mail you at the address above?**
- ☐ **May we email you at the address above?**

Please check box by the best number to reach you?

EMERGENCY CONTACT

Name Relationship

Date of Birth email

Street Address City Zip

- ☐ Cell Phone
- ☐ Home Phone
- ☐ Work Phone

PRIMARY INSURANCE

Company Name ID Number

Group Number Name of Insured and Date of Birth

SECONDARY INSURANCE

Company Name ID Number

Group Number Name of Insured and Date of Birth

OTHERS IN THE HOME		
Name	**Relationship**	**Date of Birth**

MEDICAL INFORMATION

Primary Physician	Date of Last Appointment	Phone
Address		FAX
Psychiatrist	Date of Last Appointment	Phone
Address		FAX

List Medications (Names and Dosages)			
List Medical Conditions and Psychiatric or Educational Diagnoses			
Substance use in family?			
Substance	**Amount**	**How Often?**	**By Whom?**
Cigarettes			
Alcohol			
Marijuana			
Cocaine			
Hallucinogens			
Heroin			

What are 3 goals you have for therapy/counseling?

Is there something important you want me to know?