

Paola Bailey, Psy.D.
Licensed Clinical Psychologist
PSY#25263

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CLIENT INFORMATION SHEET

Background Information:

Name: _____ Date: _____
Home Street Address: _____
City: _____ State & Zip: _____
Home Phone: _____ Cell Phone: _____
Any restrictions when calling? _____
Email: _____ May I contact you via email? Yes No
Date of Birth: _____ Age: _____ Marital Status: _____
Social Security Number: _____
Emergency Contact: _____ Phone: _____
Relationship to you: _____

How were you referred to my practice?

Google Search Psychologytoday.com www.paolabailey.com Twitter.com / Facebook.com
 Wellness.com TherapyTribe.com NetworkTherapy.com EdReferral.com
 Referral from health professional (From? _____) Other (From? _____)

Person Responsible for Payment (if other than self?): _____

Address: _____
City/State/Zip: _____
Home Phone: _____ Work Phone: _____

Racial/Ethnic, Sexual, & Religious Identification

Ethnicity/national origin: _____
Race: _____
Sexual Orientation: Heterosexual Gay/Lesbian Bisexual Transsexual Prefer not to answer
Current religious/spiritual affiliation _____

Medical Health:

Name of Physician: _____ Phone: _____
Medications: _____
Significant Medical History (chronic conditions, accidents, major illnesses or surgeries):

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Mental Health History:

Have you been in therapy before? Yes No

If yes, when was this? _____ Length of Treatment: _____

Provider's Name and Address: _____

Have you ever been hospitalized for psychiatric reasons? If so, list dates and locations:

Have you ever had thoughts or actions to hurt yourself? If so, list dates:

Do you have a history of trauma? Yes No Prefer to not answer

Education & Employment:

Education: (highest level achieved) _____

Occupation: _____

Employer: _____ Time at current position? _____

Family Information

List members of your family and all others in your home:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current Concerns:

Briefly describe your reasons for seeking help at this time:

Signature: _____ Date: _____