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Confidential Client Information

Date _____

Name _____ Birth date _____ Age _____

Address _____

Home Phone (____) _____ Cell Phone (____) _____

Social Security Number (If Applicable) _____

Employer _____ Position _____

Work Address _____

In Case of Emergency

Notify _____ Relationship _____

Phone Number (____) _____

Physician _____ Phone Number (____) _____

Psychiatrist _____ Phone Number (____) _____

Other _____ Phone Number (____) _____

Current Medications _____

Current Medical Conditions _____

Allergies / Adverse reactions _____

Marital Status _____

Children (names and ages) _____

Others in household _____

Family of Origin: Mother _____ alive _____ deceased

Father _____ alive _____ deceased

Siblings (age and gender) _____

Prior Psychotherapy Experience _____

Concerns for Treatment _____

How did you find me? (If on-line, which site?) _____

