

# ASSOCIATED PSYCHOLOGISTS

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26081 Merit Circle, Suite 120, Laguna Hills, CA 92653  
T: (949)716-5150 F: (949)716-5151

Client # \_\_\_\_\_

## NON-CONFIDENTIAL INFORMATION

(The following information should be filled out regarding the person who is to be considered the client. This information will be available to business office personnel.)

Please Print

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone (Hm) \_\_\_\_\_ (Wk) \_\_\_\_\_ (Cell) \_\_\_\_\_

Parents Names (If applicable) \_\_\_\_\_

How were you referred to this office? \_\_\_\_\_

(The following information should be given regarding the person financially responsible for payment of services and/or the subscriber for the insurance policy to be used for this account)

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_