



# BETH SIEGEL, PSYD., LCSW

PSYCHOANALYSIS AND PSYCHOTHERAPY  
800 E. OCEAN BLVD, SUITE 107 LONG BEACH, CA 90802  
(714) 376-6235  
CALIFORNIA LICENSE # LCS 14970

## Patient Information

(Please Print)

Client Name: \_\_\_\_\_  
                                First                                Middle Initial                                Last

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Sex: M F Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

### Phone Numbers & Email

Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed

Name of doctor referred by: \_\_\_\_\_

Employer/School: \_\_\_\_\_ Occupation: \_\_\_\_\_

Do you need a superbill to assist you in submitting a claim to your insurance company? YES NO

Please list all current medications (including dosage):

### Emergency Contact:

Name: \_\_\_\_\_  
                                First                                Middle Initial                                Last

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Sex: M F

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

### Phone Numbers

Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_

Relationship:  Parent  Friend  Significant Other  Sibling  Other