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