



Farzaneh Ehsan  
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## Patient Information

Patient's name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Referred by: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Do you agree to receive text message and email? Yes No

Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Plan: \_\_\_\_\_

ID Number: \_\_\_\_\_

Reason for seeking treatment today: \_\_\_\_\_