

Psychotherapy Offices of Tony Madril, L.C.S.W.			
Today's Date:		Social Security #	
Patient's Name:		Driver's License #	
DOB:	Age:	Employer's Name:	
Home Telephone:		Work Telephone:	
Home Address:		Work Address:	
Personal Physician:		Physician's Phone #:	
Referred by:			
Patient's Insurance:		Insurance's phone #:	
Insurance billing address:		Group #:	
		Insured's name (if different): SS#:	
Patient ID #:		Relationship to patient:	
Are you currently taking medication? If yes, what medication?			
For what medical or psychological condition?			
Have you been in psychotherapy before?	Individual?	Couples?	Group?
When? With whom? Was it helpful? Why or why not?			
Persons to contact in case of emergency: 1. 2.		Telephone Numbers:	
What brings you to counseling?			