



**SWANSON PSYCHOLOGY, INC.**  
A Psychological Corporation

ENCINO MEDICAL PLAZA  
5400 BALBOA BOULEVARD, SUITE 311  
ENCINO, CALIFORNIA 91316  
TEL.: (626) 470-3568

## ADULT GENERAL INFORMATION

Please be advised, this information is **STRICTLY CONFIDENTIAL**. Accordingly, any disclosure of this information is strictly prohibited without your express written permission.

Date: \_\_\_\_\_ Completed by: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Occupation: \_\_\_\_\_ Faith/Religion: \_\_\_\_\_

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

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

Children (Name(s), Age(s), Sex, Natural or Step, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Years/Times Married, Separated, Divorced: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Date of Last Visit: \_\_\_\_\_ Date of Last Completed Physical Exam: \_\_\_\_\_

Physical Health Problems: \_\_\_\_\_

Current Treatment/Medication: \_\_\_\_\_

Previous Therapist: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dates of Therapy: \_\_\_\_\_

Reason(s) for Therapy: \_\_\_\_\_

Family History of Psychological Problems or Mental Illness: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

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