Mara S. Tansman, Psy.D., QME

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Los Angeles, CA 90025
(310) 734-0306

PATIENT RECORD

Patient:_____Date of Birth:___/___/___

Address: _____

City:_____ State: _____ Zip: _____

Work Telephone: (____) _____Home Telephone: (____) _____ Cell: (___)_____

Sex: ☐ Male ☐ Female Subscriber S.S.#: _____-_____-_____

Employer/School: _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed

Emergency Contact:_____ Telephone:(____) _____

Guardianship Information (if relevant):

Name:_____ Address:_____ Contact Number:_____

Relevant medical conditions (history, current condition, changes in condition):

_____

_____

Medications (dosage, dates of initial prescriptions, name of prescribing professional):

_____

_____

_____

Allergies/adverse reactions to treatment:

_____

Primary Care Physician Name: _____

Address:_____ City_____ Zip_____
Telephone: (____) _____

Reason for seeking counseling/testing today (Include any prior history of counseling for mental health, alcohol or other drug problems):

_____

_____

_____

Insurance Information:

Primary card holder: _____ Date of Birth: _____

Insurance Name: _____Group Number: _____

Policy Number: _____

Phone Number and address of Insurance: _____

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