

**Elizabeth Bias, Psy.D.**  
**Licensed Psychologist PSY 16873**  
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**(925) 275-2797**

**Client Information**

Today's date: \_\_\_\_\_

Your name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home street address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Calls will be discreet, but please indicate any restrictions:

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Primary care physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Current and/or past significant medical issues:

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Highest level of education: \_\_\_\_\_

If you are currently a student, where do you attend school? \_\_\_\_\_

What grade/year are you in? \_\_\_\_\_

Are you currently employed? \_\_\_\_ What is your occupation? \_\_\_\_\_

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

Work telephone: \_\_\_\_\_ Calls will be discreet, but please indicate any restrictions:

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If you are a minor, who is/are your parent(s) and/or your legal guardian(s)?

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Emergency Contact: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Are you in a current relationship with a significant other? \_\_\_\_

If so, how long have you been in this relationship? \_\_\_\_\_

Are you currently married? \_\_\_\_\_

If so, how long have you been married? \_\_\_\_\_

Do you have any children? \_\_\_\_\_

If so, please provide their name(s) and age(s):

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Who currently lives with you in your household?

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Please describe why you are seeking treatment at this time?

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Please describe any past therapy experiences you have had?

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