RICHARD RIEMER, Ph.D

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Licensed Psychologist
PSY 5367

(805) 379-5154

INFORMATION SHEET

Date _____

Name _____ Home Phone _____

Street Address _____ Cell Phone _____

City _____ Zip _____

Age _____ Date of Birth _____ Sex _____

Social Security No. _____ Driver's Lic.: _____

Employer _____ Phone _____

Address _____ Zip _____

Spouse _____ Phone _____

Street Address _____ Cell Phone _____

City _____ Zip _____

Spouse Employer _____ Phone _____

Address _____ Zip _____

Insurance Company _____ Policy No. _____

Group No. _____

Referred By _____ Phone _____

Previous Therapy: When _____ With Whom _____

How Long _____

Personal Physician _____ City _____ Last Visit _____

Other Health Professionals _____ City _____ Last Visit _____

Are you taking medication? ____ Yes ____ No

Contact in Emergency _____ Relationship _____

Address _____ Phone: Day _____

email : Evening _____