Maidena A. McLerran, Ph.D.
California Psychology License # PSY 9847
851 Fremont Ave, Suite 107
Los Altos, CA 94024
650-814-0707
www.drmaidena.com

NEW CLIENT INFORMATION

Date of First Visit: Month ____________ Day __________ Year ____________

Last Name: ________________________First: ___________________ Middle: ___________

Address: ____

City: ________________________________ State: ___________ Zip:___________________

Home Phone: __________________________ Work Phone:____________________________

Other Phone: ____

Sex (M/F): __________ Date of Birth: Mo. __________Day __________ Year ___________

Social Security Number: __________-__________-__________

Primary Insurance Holder

Relation to Patient: Spouse __________ Parent __________ Other __________

Last Name: __________________________ First: _________________ Middle: __________

Address: ____

City: _______________________________________ State: __________ Zip: ____________

Home Phone: __________________________ Work Phone: ____________________________

Other Phone: ____

Sex (M/F/O): ________ Date of Birth: Mo. __________ Day __________ Year ___________

Social Security Number: __________-__________-__________

(PLEASE TURN OVER)

Employment Information

Name of Employer: ____

Address: ____

City: __________________________________ State: ___________ Zip: ________________

Medication

Please list all medications you are currently taking. In addition, please list any medication you have ever taken related to psychological problems (i.e., depression, anxiety, other mood problems, thought processing, attention, etc.).

Please fill in:

Place you were born: ____

Place you grew up: ____

Siblings: ____

Children: ____

How did you find me?

Please let me know how you found me. I'd appreciate knowing if it was through a friend, website, telephone book, insurance, or some other source. Thank you so much.