

Judy Ingoldsby, MFT

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So. Pasadena, CA 91030

(626) 441-2868

CLIENT RECORD

Patient: _____ Date of Birth ___/___/___

Address: _____

City: _____ State _____ Zip: _____

Mobile phone: _____ Home: _____ Work: _____

Email _____ Website _____

Sex: _____ M _____ F Subscriber SS#: _____ - _____ - _____

Employer/School: _____

Marital Status: _____ Single _____ Married _____ Divorced _____ Widowed _____ Other

Emergency Contact: _____ Telephone: _____

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: _____ Fax: _____

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

Client Signature: _____