

# Dr. Jennifer O'Connor Psychological Services

Licensed Psychologist (PSY24242)

616 S. El Camino Real, Suite G-15 • San Clemente, CA 92672

(949) 292-9528

## New Client Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: (    )       -                      (OK to leave message? Yes No)

Mobile/Cell:            (    )       -                      (OK to leave message? Yes No)

Email Address: \_\_\_\_\_@\_\_\_\_\_ (OK to send email? Yes No)

Contact in EMERGENCY situation: \_\_\_\_\_

Telephone: (    )       -                      Relationship: \_\_\_\_\_

Current Relationship Status:    Single       Married       Separated       Divorced       Widowed

Name & ages of children  
(if applicable):

\_\_\_\_\_

\_\_\_\_\_

Who were you referred by? \_\_\_\_\_

What therapeutic goals would you like to set for yourself? (i.e., What would you want to be different in your life at the end of this process? What changes would you like to see in yourself?)

1) \_\_\_\_\_

2) \_\_\_\_\_

3)

**Jennifer L. O'Connor, Ph.D.**

Licensed Psychologist (PSY24242)

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**Medical and Treatment History**

Primary Care Physician: \_\_\_\_\_ Phone: (    )    -

Psychiatrist: \_\_\_\_\_ Phone: (    )    -

Dietician: \_\_\_\_\_ Phone: (    )    -

Currently under a medical physician's care?    Yes No

If **Yes** please describe your current medical condition(s):

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Current Psychiatric Medications:    None

Medication	Dosage	Prescribed for what purpose?

Past Psychiatric Hospitalization or Residential Treatment:    None

Date(s)	Name of Hospital	Reason for Treatment?

Previous Outpatient Therapeutic Services:    None

Date(s)	Therapist's Name/Facility	Reason for Treatment?

**Jennifer L. O'Connor, Ph.D.**

Licensed Psychologist (AZ 3778)

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