

**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: \_\_\_\_\_

Parental Relationship Status:    Single      Married      Separated      Divorced      Widowed

Name & ages of siblings  
(if applicable):

\_\_\_\_\_  
\_\_\_\_\_

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

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

- 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?