## Nina Nguyen, Ph.D.

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PATIENTINFORMATION	
Today's Date:	
Name:	
Date of Birth:	
Address:	
Phone : Alternative :	
Emergency Contact (name, phone number, relation):	
<b>Gender:</b> □ Female □ Male □ Transwoman □ Transman □ Gender Non-Conforming □ Other:	
Marital Status:   Married  Single  Separated  Divorced  Widowed In a committed relationship; how long:	
Ethnicity/Race:	_
Primary Language Spoken at Home:	
Reasons for Seeking Treatment at This Time:	
	_
Previous Psychological Treatment:	
□ Inpatient □ Outpatient □ None	
Comment:	
	—

<b>Education Level</b>	blease check highest level and indicate number of years com	pleted):

□ High School		□ Post-graduate
□ College		□ Technical/Trade School
□ Graduate School		□ Other:
Annual Household Incor welfare, unemployment, et	· ·	me, parental income, social security,
□ 15,000-20,999	□ 21,000-27,999	□ 28,000-35,999
□ 36,000-44,999	□ 45,000-59,999	□ 60,000-99,000
□ Other (specify):		
Total Household Membe	ers supported by these fir	nances:
$\Box$ Self $\Box$ Self + 1	$\Box$ Self + 2 $\Box$ Self + 3	$\Box$ Self + 4 $\Box$ Self + 4 or more
No. of Children in House	ehold and Ages:	
Patient's Name (print)	Signatu	are Date
<u>Nina Nguyen, Ph.D.</u>		
Clinical Psychologist	Signatu	Date