Craig P. Wagner, Ph.D. **Three Pointe Drive, Suite 314 Brea, CA 92821 (714) 672-9470**

Personal Information

Name_____Date_____

Address_____
(city) (state) (zip)

Phone #'s_____
(home) (work) (mobile)

Age_____Birthdate_____Sex_____Marital Status S M D W

Who lives with you?_____

Education (highest grade completed)_____Currently a student? Yes_____ No_____

Your occupation_____Social Security #_____

Employer's name & address_____

Spouse's occupation_____

Employer's name & address_____

Net monthly income_____

Do you have health insurance? Yes_____ No_____

Insurance company's name_____

Address_____

Group No._____Insured's name_____

Member No._____

Please check the problem areas you feel you need help:

___personal relationship	___depression	___drinking problem
___marital	___sexual	___financial
___family	___emotional	___drugs
___child rearing	___incest	___other_____

Previous psychological counseling? Yes____ No____

Therapist_____Where_____Length_____

Are you currently taking medication? Yes____ No____ Type_____

How did you hear about Dr. Wagner?_____

May Dr. Wagner say who he is if he phones your home? Yes____ No____ Your work? Yes____ No_____