



5042 Wilshire Blvd., #937
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 www.tranquilcore.com

PLEASE PRINT				CLIENT INFORMATION			
LAST NAME		FIRST NAME		MIDDLE NAME			
DOB - MM/DD/YYYY		AGE	GENDER		SSN		
			<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other				
MARITAL STATUS							
<input type="checkbox"/> Single <input type="checkbox"/> Married, living together <input type="checkbox"/> Married, not living together <input type="checkbox"/> Cohabiting with Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other, explain:							
EMPLOYMENT/STUDENT STATUS							
Employment Status				Student Status			
<input type="checkbox"/> Unemployed, not looking <input type="checkbox"/> Unemployed, looking <input type="checkbox"/> FT employed <input type="checkbox"/> PT employed <input type="checkbox"/> Retired <input type="checkbox"/> On Welfare <input type="checkbox"/> Soc Sec Disability <input type="checkbox"/> Self-employed				<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Not a student			
Employer Name, if employed:							
HOME ADDRESS							
Street Address				City, State, & Zip Code			
CONTACT INFORMATION							
Home Phone		Work Phone		Cell Phone			
Email(s)			Preferred Method of Communication				
1)			<input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Cell Phone				
2)			Would you like to receive appointment reminders via email or text? <input type="checkbox"/> Yes <input type="checkbox"/> No				
PAYMENT INFORMATION							
Name on Card			Billing Address:				
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover			City:	State:	Zip:		
Card Number			Exp. Date	CVV Code:			
<p>I acknowledge that I am financially responsible for psychotherapy services provided by Tranquil Core. I understand that my card on file will be used for payment of psychotherapy services, in addition to any fees associated with cancellations and no shows (See 'Informed Consent'). I also agree that if my account is referred to a third party for 60 days past due, I will be responsible for the collection agency fee plus interest and the balance due. You agree, in order for us to service your account or to collect any amounts you may owe, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide us. Methods of contact may include using pre-recorded or artificial voice messages and/or the use of an automatic dialing device, as applicable. I/We have read this disclosure and agree that Sakeenah Hakim, LCSW or a Tranquil Core representative may contact me/us as described above.</p>							
Signature of Patient				Date			