

# *Beach Psychology*

**Dr. Kelly Warren (PSY27851)  
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Hermosa Beach, CA 90254  
310-947-9279**

## Client Face Sheet

Full Legal Name\_\_\_\_\_

Address\_\_\_\_\_

Date Of Birth\_\_\_\_\_ Age\_\_\_\_\_ Gender\_\_\_\_\_

Phone(s)\_\_\_\_\_

Is it acceptable to leave a message at this number?\_\_\_\_\_

Email\_\_\_\_\_

Emergency Contact\_\_\_\_\_

Relationship\_\_\_\_\_ Phone\_\_\_\_\_

How did you hear about our services?\_\_\_\_\_

Would you like for us to submit your insurance claim?\_\_\_\_\_

I understand that I am responsible for payment at the time of Service. I agree to Beach Psychology's 48 hour cancellation Policy as stated in the office policies section of the consent for Treatment.

Signature\_\_\_\_\_ Date\_\_\_\_\_