

**Michael Namekata, Ph.D.**  
**California Psychologist License# PSY33698**

## **CONFIDENTIAL CLIENT INFORMATION**

Client Name: \_\_\_\_\_

Name of Financially Responsible Party: \_\_\_\_\_

Address: \_\_\_\_\_ City, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Can Therapist Leave a Message at the Number Provided Above? YES NO

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Office Phone: (818) 254-8125  
Mailing Address: P.O. Box 570895, Tarzana, CA, 91356  
Email Address: info@encinotherapy.com