

SERENEMIND CLINICAL SERVICES

1212H EL CAMINO REAL #264

SAN BRUNO, CA 94066

650-329-0913 OFFICE

775-249-6970 FAX

Bani@serenemind.com

Name: _____

(First)

(Middle)

(Last)

Social Security: ____ - ____ - ____

Date of Birth: ____ / ____ / ____

Today's Date: _____

Home address: _____

Home Phone: (____) _____

Other Phone: (____) _____

Email Address: _____

If we should need to contact you do you have any special requests? YES or NO (circle)

How did you learn of our services? (circle all that apply)

Friend/Family Member

Faculty/Staff

Workshop/Presentation

Phone Book

Student Health Services

Website

Other (specify) _____

Do you have health Insurance? YES or NO (circle)

If so, what type? _____

