Jonathan Bartlett, MA, LMFT
Marriage and Family Therapist MFC #48223
1350 Dell Ave, Suite 103, Campbell, Ca 95008
(408) 596 - 4775
jonathan@familywellbeing.net

## CLIENT INFORMATION

Today's Date: ________________

Client Name: ___________________________________________

Date of Birth: _________________ Age: ________ Gender: ________

Mailing Address: _______________________________________________________

Home Phone: ______________________

Work Phone: _______________________ Mobile Phone: ______________________

May I use my name if I phone your work? ___Yes ___ No

May I use my name if I phone your home? ___Yes ___ No

Email Address: ________________________________

Do you check email daily? ___Yes ___ No

May I use email to communicate with you? ___Yes ___ No

Occupation: _______________________________________________

Employed by: ______________________________________________

Marital Status:

___Single ___Married ___Partnered ___Divorced

___Widowed ___Separated

Length of relationship (if applicable) ___________

Emergency Contact Name: ________________________________

Phone Number: ______________________ Relationship: _______________________

Describe any medical issues that may be of concern:

List any medications you are currently taking:

Have you had any previous therapy /counseling experiences? ___Yes ___ No
If so, please describe type and length of therapy:

Please use this space for any additional information you feel is valuable for me to know.

jonathan@familywellbeing.net