Rose Littau, Marriage Family Therapist

Client Information

Name____Referred by________________

Home Address____

City______________________________________State_____________Zip_________________

Home Phone____________________Cell______________________Work Phone____________

Is it ok to contact you at the above numbers? yes no Any restrictions?_________________

email _______________________________________Date of Birth________________________

Occupation or School___________________________________Education Completed________

Insurance_______________________________________ID number______________________

Subscriber Name____________________________________Subscriber Birthdate___________

Group Number__________________________________Plan Name_______________________

Subscribers Employer____

Family Members / Relationship /Age / Birthdate /Employment or School /Education

1.____

2.____

3.____

4.____

5.____

6.____

What brings you to therapy?____

____

What would you like to accomplish through therapy?___________________________________

____

Marital Status Single Married Separated Divirced Living with someone

Name of Spouse or Partner____________________________________Years together________

Previous marriages/living together: Names, dates, how it ended, number of children and nature of relationship (i.e. friendly, distant, physical/emotional abuse, loving, hostile)

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Others in Household____

Religion____

Have you had prior psychiatric care or counseling? Yes No When and for how long?________

Focus of treatment____

Name of treating therapist(s)____

Significant Physical Problems____

Physician____

Specify all medications you are taking and what they are for_____________________________

____

Are you currently having any suicidal thoughts? Yes No If yes, please describe____________

____

Past or present drug or alcohol abuse? ____

Have you received treatment?____

Emergency contact person

Name____Phone number________

Relationship__________________________Address_______________________________________

Other information you think I should have?____

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