

Catherine Morris, MFT
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Psychotherapy for Couples, Individuals and Families
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Client Intake Information

Date: _____

Name: _____

Date of birth: _____ Age: _____

Home Address: _____

Home phone: (____) _____ OK to leave message? _____

Work phone: (____) _____ OK to leave message? _____

Cell phone: (____) _____ OK to leave message? _____

E-Mail: _____

Work

Occupation: _____

Company: _____

Length of time employed: _____

Current Relationship

What is your marital/ relationship status? (Single, Engaged, Separated, Married, Divorced, Widowed, Other):

Family members/ others living in your household: _____

How would you describe your current support network? _____

Family

Do you have any children? Yes: _____ No: _____

| Name | Age | Residence | Frequency of Contact |
|-------|-------|-----------|----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Psychotherapy History

Have you been in therapy before? Yes:___ No:___ (If yes) Date:_____ Length:_____

Are you currently seeing a psychotherapist? Yes:___ No:___ (If yes) Date:_____

Name of the therapist:_____ Tel:_____

May I have your permission to contact this therapist, if applicable? Yes:___ No: _____

Current medical condition

What medications are you currently taking? For what purpose? Prescribed by whom?_____

Do you have a history of drug or alcohol use/abuse? - Do you currently use drugs or alcohol?

Do you have family history of drug or alcohol use/abuse? _____

Other

What traumas have you experienced in your life that you feel are important for me to know about?_____
