

Catherine Morris, MFT

Psychotherapy for Couples, Individuals and Families

650 289-9972

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MFC 36386

Client Intake Information

Date of birth:

E-Mail:

Occupation:

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) Name of Therapist:

Date:_____

Length of time:_____

Are you currently seeing a psychotherapist? Yes: No:

(If yes) Name of the therapist:

Date:_____

Contact Information:

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.