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**TIMOTHY ROGERS, MA, LMFT**  
**LICENSED MARRIAGE & FAMILY THERAPIST MFC#101500**

**CLIENT INFORMATION AND INTAKE FORM - (ADULT)**  
**PLEASE PRINT LEGIBLY**

Client's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Main phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

You have my permission to contact me on my \_\_\_ Home phone \_\_\_ Cell phone \_\_\_ E-mail

Referral source: \_\_\_\_\_ Person \_\_\_\_\_

**EMPLOYMENT**

Occupation: \_\_\_\_\_ Length of time there: \_\_\_\_\_

Responsibilities: \_\_\_\_\_ Do you like your work? \_\_\_ Yes \_\_\_ No \_\_\_ Sort of

**PERSONAL / FAMILY INFORMATION**

Marital status: \_\_\_ Single \_\_\_ Living together \_\_\_ Married \_\_\_ Partner \_\_\_ Separated \_\_\_ Divorced

Brief relationship history:  
\_\_\_\_\_  
\_\_\_\_\_

Names/ages of children:  
\_\_\_\_\_

Parents: \_\_\_\_\_ Both alive \_\_\_\_\_ Father deceased \_\_\_\_\_ Mother deceased

Siblings/ages:  
\_\_\_\_\_

Emergency contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_



## CONFIDENTIAL PSYCHOLOGICAL AND MEDICAL HISTORY

Have you previously been in psychotherapy or counseling? \_\_\_\_\_ If so, when? \_\_\_\_\_

For how long? \_\_\_\_\_ For what purpose(s)? \_\_\_\_\_

What was your experience like?

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Please list any previous or current medications you have taken for psychological purposes:

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Please list all prescription medications you are currently taking:

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Mark X if you have used any of the following ways to cope, **either current or past &** please explain:

\_\_\_\_ Alcohol, drug, or tobacco dependence or frequent use? \_\_\_\_\_

\_\_\_\_ Relationship with Food \_\_\_\_\_

\_\_\_\_ Other habit forming or compulsive behavior(s)? \_\_\_\_\_

\_\_\_\_ Depression or suicidal thoughts/attempts? \_\_\_\_\_

\_\_\_\_ Anxiety or panic attacks? Last one? \_\_\_\_\_

\_\_\_\_ Major illness, surgery or physical problems? \_\_\_\_\_

\_\_\_\_ Anger issues, domestic violence (current or childhood)? \_\_\_\_\_

\_\_\_\_ Marital, relationship, or family problems (current or childhood)? \_\_\_\_\_

\_\_\_\_ Learning challenges/problems \_\_\_\_\_

***"Your Growth is not the Abandonment of Others."***



List stressful situations in your life (accident, hospitalization, relationships, traumatic events, death of loved ones):

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What brings you into therapy at this time?

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What do you hope to achieve from therapy?

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Other useful information that could assist me in understanding what it's been like for you lately

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I will need a "Super-bill" Monthly claim form for insurance reimbursement  
**Client must pay FULL FEE for Super-bill request)**

Yes     No

**FINANCIAL INFORMATION**

Preferred Payment:

Cash     Check     Venmo (not as secure)     CashApp (not as secure)

**X ALL payments will be recorded using IvyPay —> a HIPPA compliant/encrypted platform**