ROGERS FAMILY & SELF-CENTERED THERAPIES
"IT'S ALL ABOUT YOU, YOUR SELF & WHY. FROM YOUR POINT OF YOU.
TIMOTHY ROGERS, MA, LMFT
LICENSED PSYCHOTHERAPIST MFC101500
16133 VENTURA BLVD., ENCINO, CA 91436 (424) 239-8495

CONFIDENTIAL CLIENT INFORMATION AND INTAKE FORM

GENERAL INFORMATION

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_____

FINANCIAL INFORMATION. Preferred Payment: ___ Cash ___ Check ____ Venmo
_____ CashApp

I will need a monthly claim form for insurance reimbursement ___ Yes ___ No

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