

Laura G. Hastings, M.A.
Licensed Marriage Family Therapist
MFT #35475
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Los Altos, CA 94025
650-533-8221

General

Name: _____

Street address: _____

City: _____ State: _____

Cell phone: _____

Email: _____

Date of Birth: _____

Employment

Employment/Unemployed/Student: _____

Method of Payment: Out of pocket _____ EAP _____

Services

What type of services are you seeking:

individual

couples

Issues

What concern or issue would you like to address?

Mental Health History

Have you ever participated in therapy: Yes _____ No _____

If yes, was it a positive/neutral/poor experience? _____

Have you ever been hospitalized for mental health issues: Yes _____ No _____

Medication and Supplements

Have you or are you currently taking any prescription medication for mental health: Yes _____
No _____

If so, please provide permission and name of prescribing doctor.
Initial here for permission: _____

Contact info: _____

Do you use any other substances or over the counter supplements for mental health/well being?

Current Mental Health

Have you experienced any of the following (indicate past or current):

____ Thoughts of self harm (past ____ or present ____)

____ Suicidal thoughts (past ____ or present ____)

____ Thoughts of harm to others (past ____ or present ____)

Emergency contact info:

Name: _____

Phone : _____

Please write here anything else you think I should know:

Good for you that you are taking steps towards your better well being! I look forward to talking to you!

Thank you!!