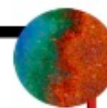


TIMOTHY ROGERS, M.A., L.M.F.T.

Licensed Marriage & Family Therapist mfc101500

It's time to learn how to be attracted to what's healthy. One session at a time.



**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  
\_\_\_\_\_ Credit Card

I use IvyPay app. it's specific to therapists as your cc information is encrypted so neither I nor the app has recorded your information. IvyPay is HIPPA compliant and is the preferred secure choice of payment.



**CONFIDENTIAL PSYCHOLOGICAL AND MEDICAL HISTORY**

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

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

Results:

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

Please list all prescription medications you are currently taking:

If you have had difficulties with any of the following, **either current or past**, please explain:

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

\_\_\_\_\_ Eating disorder(s) \_\_\_\_\_

\_\_\_\_\_ Other addictive or compulsive behavior(s)? \_\_\_\_\_

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

\_\_\_\_\_ Anxiety or panic attacks? \_\_\_\_\_

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

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

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

\_\_\_\_\_ Learning disabilities/problems? \_\_\_\_\_

List stressful situations in your life (accident, hospitalization, relationships, traumatic events)

What brings you into therapy at this time? \_\_\_\_\_

What do you hope to achieve from therapy? \_\_\_\_\_

Other useful information to assist in counseling \_\_\_\_\_

