

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 _____

