

Joni Brown, MA, LMFT
Licensed Marriage and Family Therapist

Name _____ Date _____
Birthdate and age _____
Address _____
Phone number _____ How did you hear of me? _____

Reason(s) for seeking therapy: _____

Please check all that apply: () married 1x 2x 3x 4x () widowed () never married
() separated () divorced () living together

Household members (names, ages, relationship): _____

Any children not living at home? _____

Who do you consider your support system? _____

Who do you give permission to call in case of an emergency? _____

Relationship _____ Phone number _____

Occupation and length of employment or grade in school: _____

If applicable, describe the role of religion or faith in your life: _____

Previous therapy experience (When, for how long, how was the overall experience, what was the goal?)

Any psychiatric hospitalizations? If so, when? _____

Any intention of hurting yourself? _____

Medical doctor _____ Phone number _____

When was your most recent complete physical exam? _____

Any current or past medical problems that are impacting the present? _____

Please list all current medications, dosages, and purposes: _____

Alcohol and or drug use? (Quality and frequency): _____

Goal(s) for therapy (desired outcome): _____

