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Licensed Marriage and Family Therapist  
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Date \_\_\_\_\_ Referred by \_\_\_\_\_

Name of Client \_\_\_\_\_ Form completed by: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Date of Birth of Client \_\_\_\_\_

Please fill in the following information as completely as possible.

1) Describe what has happened recently that led you to seek counseling now.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Describe current concerns and symptoms.

\_\_\_\_\_  
\_\_\_\_\_

3) Medical history: Please list any major injuries, illnesses or surgeries.

\_\_\_\_\_  
\_\_\_\_\_

4) Are you currently on any medication? If so please list:

<u>Medication</u>	<u>Dosage</u>	<u>Prescribing Physician</u>	<u>Date Started</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Psychiatric medications taken in the past (not currently taking):

\_\_\_\_\_  
\_\_\_\_\_

5) Please list any other substances that you use and include their amount and frequency.

Alcohol_____	Marijuana_____
Caffeine_____	Tobacco_____
Methamphetamine_____	Psychedelics_____
Heroin_____	Other_____

6) Have you been in psychotherapy before?\_\_\_\_\_ Please list name(s) of previous therapists, dates, and reason for treatment.\_\_\_\_\_

7) Have you been hospitalized in a psychiatric facility?\_\_\_\_\_ Please list names of hospitals, dates and reasons for treatment.\_\_\_\_\_

8) Has anyone in your immediate or extended family had a psychiatric illness? Please list their relationship with you and the nature of their illness.\_\_\_\_\_

9) Describe your relationship with your family of origin. Include parental substance abuse issues as well as other relevant life events.\_\_\_\_\_

10) Do you have thoughts about hurting yourself or others?\_\_\_\_\_ If so, Please describe:\_\_\_\_\_

11) Please describe your current family situation.\_\_\_\_\_

12) Please briefly describe your current employment and work history.\_\_\_\_\_

13) Please describe your goals for therapy.\_\_\_\_\_