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Client Information Form

Name _____ Birthday _____ Today's date _____

Name _____ Birthday _____

Children's Names _____ age _____
_____ age _____
_____ age _____

Address _____ City _____ zip _____

Phone # H _____ W _____ Cell _____

Is it OK to leave a message? _____

Occupation _____ Social Sec. Number _____

Employer _____

If you are a student where are you attending? _____

What are your reasons for coming to counseling? _____

Possible areas to be covered in therapy:

- | | |
|--|--|
| <input type="checkbox"/> abortion | <input type="checkbox"/> in-law difficulties |
| <input type="checkbox"/> alcohol/drug problems | <input type="checkbox"/> marriage problems |
| <input type="checkbox"/> behavior problems | <input type="checkbox"/> occupational problems |
| <input type="checkbox"/> communication | <input type="checkbox"/> personality growth |
| <input type="checkbox"/> children/parenting | <input type="checkbox"/> self image |
| <input type="checkbox"/> depression/anxiety | <input type="checkbox"/> sexual difficulties |
| <input type="checkbox"/> school difficulties | <input type="checkbox"/> social activities |
| <input type="checkbox"/> anger | <input type="checkbox"/> stress |
| <input type="checkbox"/> eating disturbances | <input type="checkbox"/> suicidal thoughts |
| <input type="checkbox"/> faith | <input type="checkbox"/> prior trauma |
| <input type="checkbox"/> grief/loss | <input type="checkbox"/> unwanted pregnancy |
| <input type="checkbox"/> hurts and conflicts | <input type="checkbox"/> sexual abuse |
| <input type="checkbox"/> infertility | |
| other _____ | |

If needed would you be willing to sign a Release of Information so that we might obtain the information already gathered from your previous therapist or medical doctor? _____

Who referred you to me? _____

Are you presently taking medication (s)? If so what, how often and how much?

Name of Physician _____ phone _____

Do you have current medical problems that may be affecting your mental health?

Do you belong to a church? _____

Where? _____ Pastor' name _____

Who should I contact in an emergency? _____

Address _____ phone _____