

Martha de Laveaga Stewart

Marriage and Family Therapist --- M.S. MFC 31729
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Client Information

Name _____ Age _____ Birthdate _____

Address _____ Email _____

City _____ State _____ Zip _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Occupation _____ Employer _____

Marital Status _____ Name of Spouse/Partner _____

Children and Ages: _____

How Long Have Both of You Been Together? _____ Religion _____

If Client is a Minor, Name of Responsible Adult _____

Name of Closest Friend/Relative _____ Phone _____

Address _____ City _____ State _____ Zip _____

Do You Smoke? _____ How Much? _____ Do You Drink? _____ How Much? _____

Do You Take Drugs? _____ If yes, what kind? _____ How often? _____

Last Medical Examination _____ Reason _____

Are You Now Under a Doctor's Care? _____ If yes, Doctor's name: _____

Reason for Doctor's Care: _____

Are You Taking Any Medication? _____ If yes, what kind? _____

Reason for Medication: _____

Have You Ever Been Hospitalized for a Physical Illness? Describe: _____

Have you ever been hospitalized for a Mental Illness, Personality Disorder, Anxiety Disorder, etc?

Describe: _____

Any Previous Therapy/Counseling? _____ If Yes, Name of Therapist: _____

When and Length of Therapy: _____

Type of Therapy/Counseling: _____

How referred to Martha Stewart, MFT? _____

Briefly, what brings you to therapy today? _____

What do you hope to achieve in therapy? _____

Check Any of the Following That Sometimes Apply to You:

- Headache
- Dizziness
- Fainting Spells
- No Appetite
- Over-Eating
- Stomach Trouble
- Bowel Disturbances
- Always Tired
- Always Sleepy
- Unable To Relax
- Insomnia
- Recurrent Dreams
- Nightmares
- Hallucinations

- Inferiority Feelings
- Feel Tense
- Feel Panicky
- Fears and Phobias
- Obsessions
- Depressed
- Suicidal Ideas
- Take Tranquilizers
- Abuse Alcohol
- Dangerous Drugs
- Allergy
- Asthma
- Homosexuality
- Sexual Problems

- Shy With People
- Can't Make Friends
- Afraid Of People
- Home Conditions Bad
- Unable To Have A Good Time
- Always Worried About Something
- Don't Like Weekends/Vacations
- Can't Make Decisions
- Over-Ambitious
- Financial Problems
- Gambling
- Job Problems
- Can't Keep A Job
- Other

Anything else you want to tell me? _____
