

**E L E N A V L A D U, M. S.**  
Licensed Marriage and Family Therapist

**CLIENT INFORMATION**

Name (printed): \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail \_\_\_\_\_ Referred by: \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ How Long \_\_\_\_\_

**EMERGENCY CONTACT**

Name of Relative  
or Friend \_\_\_\_\_ Phone: \_\_\_\_\_

**TREATMENT HISTORY**

List any major current physical or mental health problems: \_\_\_\_\_  
\_\_\_\_\_

Have you been in therapy before? \_\_\_\_\_ Previous Diagnosis/Issue: \_\_\_\_\_

Whom did you see? \_\_\_\_\_ When and how long? \_\_\_\_\_

Did it help? (please explain)

When was your last physical? \_\_\_\_\_ Have you ever been hospitalized? Yes \_\_\_\_ No \_\_\_\_

If yes, for what condition(s): \_\_\_\_\_

Are you currently under treatment for a medical condition? Yes \_\_\_\_ No \_\_\_\_

Please list any medications or substances you are taking/using:

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

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Please list information about anyone currently living with you:

NAME	AGE	RELATIONSHIP (e.g. son, roommate)
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Are you having any suicidal thoughts or plans at this time?    Yes    No

Have you had suicidal thoughts in the past?    Yes    No

Are you having any thoughts of committing violence?    Yes    No

What was the catalyst or reasons for your seeking therapy now?:

What outcomes do you hope to achieve in therapy?

How long do you expect therapy will take to achieve these outcomes?

Have you had any recent illnesses? \_\_\_\_\_ Recent changes in medication? \_\_\_\_\_

Recent or heavy use of substances (alcohol, drugs, other substances)? \_\_\_\_\_

Recent losses, major changes, or deaths? \_\_\_\_\_

Which statements best describe what you expectation of therapy? (check all that apply)

\_\_\_\_ I would like skills training to address specific symptoms (e.g. stress management skills)

\_\_\_\_ I would like focused assistance in addressing a specific problem or issue (e.g., help getting past a recent job loss)

\_\_\_\_ I would like comprehensive assistance to understand and address broad, complex, or long-standing issue(s) (e.g., problematic relationship patterns, history depression/anxiety)

\_\_\_\_ Other or Unsure (please explain):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_