



Welcome to The SD Therapist
Contact Information

Client's Name _____ Date of Birth _____
Spouse's Name _____ Date of Birth _____
Address: _____ City _____ Zip _____

Name/ages of Children _____

Phone Numbers: (Hm.) _____
(Wk.) _____
(Cell.) _____

E-mail Address _____

Employer _____ Position _____

Who lives at home? _____

Church Affiliation (if applicable) _____

What is the reason you are currently seeking counseling? Use the back if necessary.

Can you identify one goal you would like accomplished through counseling?

What previous counseling have you had?

Are you currently taking and prescription medication? If YES please indicate name and dosage.

How did you hear of **The SD Therapist**? _____

May we thank them for the referral? Y/N

Emergency contact information:

Name: _____ relationship: _____ phone: _____

Scripps Ranch

Del Mar Heights