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CONFIDENTIAL CLIENT AND INFORMATION AND INTAKE FORM

GENERAL INFORMATION

Client's Name _____ Birth Date _____

Address _____ City _____ State ____ Zip _____

Main phone: _____

E-mail address: _____

You have my permission to contact me on my ____ Cell phone ____ E-mail

Referral source: (how did you hear about me)? _____

EMPLOYMENT

Occupation: _____ Length of time there: _____

Responsibilities: _____ Do you like your work? ____ Yes ____ No ____ Sort of

PERSONAL / FAMILY INFORMATION

Marital status: ____ Single ____ Living together ____ Married ____ Partner ____ Separated ____ Divorced

Brief relationship history:

Names/ages of children:

Parents: ____ Both alive ____ Father deceased ____ Mother deceased

Siblings/ages:

Emergency contact: Name _____ Relationship _____ Phone _____

FINANCIAL INFORMATION

Preferred Payment: ____ Cash ____ Check ____ Credit Card ____ Zelle

I will need a monthly claim form for insurance reimbursement ___ Yes ___ No

Have you previously been in psychotherapy or counseling? _____ If so, when? _____

For how long? _____ For what purpose(s)? _____

Results:

Please list any previous or current medications you have taken for psychological purposes:

Please list all prescription medications you are currently taking:

If you have had difficulties with any of the following, **either current or past**, please explain:

_____ Alcohol, drug, or tobacco dependence or frequent use? _____

_____ Eating disorder(s) _____

_____ Other addictive or compulsive behavior(s)? _____

_____ Depression or suicidal thoughts/attempts? _____

_____ Anxiety or panic attacks? _____

_____ Major illness, surgery or physical problems? _____

_____ Anger issues, domestic violence (current or childhood)? _____

_____ Marital, relationship, or family problems (current or childhood)? _____

_____ Learning disabilities/problems or “*ADD/ADHD*”? _____

List stressful situations in your life (accident, hospitalization, relationships, traumatic events)

What brings you into therapy at this time? _____

What do you hope to achieve from therapy? _____

Other useful information to assist in counseling _____
