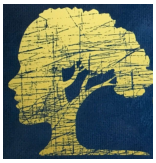

Beliza Perdomo, M.A. Ed, M.A. LMFT
LICENSED MARRIAGE AND FAMILY THERAPIST
MFC 101761

INFORMATION FORM

Name _____ Todays' Date _____

Date of Birth _____ Age _____ Gender: Male / Female / Transgender

Parents' Names (if Minor) _____

Ethnicity: _____ Circle One: Single / Married / Partner / Separated / Divorced / Widowed

E-mail Address _____

Street Address _____

City _____ Zip Code _____

Home Phone _____ Work_____ Cell_____

May I phone you at home? Yes / No At work? Yes / No Preferred Method of Contact: Cell / Home / E-mail

Occupation _____ Employer/School _____

Emergency Contact: (only contacted in case of emergency & with signed release of information form, unless exception exists)

Name _____ Phone_____ Relationship _____

Medical Issues: _____

Are you currently on medication? Yes / No If yes, please list all medication _____

_____

Physician's Name _____ Phone _____ Date of Last Visit _____

Psychiatrist's Name _____ Phone _____ Date of Last Visit _____

Have you previously had therapy? Yes / No If yes, please indicate when: _____

If yes, please circle type of therapy: Individual / Family / Couples or Marital / Group / Other

How were you referred to this office? _____

Briefly summarize your reasons for seeking therapy _____

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