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DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ MALE/FEMALE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: HM: \_\_\_\_\_ CELL: \_\_\_\_\_

IS IT OKAY TO LEAVE A VOICE MESSAGE? HM \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

HIGHEST SCHOLASTIC GRADE/DEGREE: \_\_\_\_\_

OCCUPATION/POSITION: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

RELIGIOUS AFFILIATION? \_\_\_\_\_

#### FAMILY HISTORY

WERE YOU ADOPTED? \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE BOTH YOUR PARENTS LIVING? MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_

PARENTS MARITAL STATUS \_\_\_\_\_

NUMBER OF BROTHERS AND AGES \_\_\_\_\_

NUMBER OF SISTERS AND AGES \_\_\_\_\_

CURRENT RELATIONSHIP STATUS AND NUMBER OF YEARS IN RELATIONSHIP:

\_\_\_\_\_

SIGNIFICANT OTHER'S NAME IF APPLICABLE:

\_\_\_\_\_

FORMER SIGNIFICANT RELATIONSHIPS (years):

\_\_\_\_\_

DO YOU HAVE ANY CHILDREN? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF SO,                      NAMES                                      SEX                                      AGES

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

MEDICAL DOCTOR(S): \_\_\_\_\_ LAST EXAM: \_\_\_\_\_

DOCTOR'S TELEPHONE #: \_\_\_\_\_

PAST/PRESENT MEDICAL CARE (Specify: major problems, accidents, hospitalizations,  
current medication): \_\_\_\_\_

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

INSURANCE COMPANY: \_\_\_\_\_

HISTORY OF PSYCHOTHERAPY OR PSYCHIATRIC HOSPITAL ADMISSIONS:

1. Therapist: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Initial reason: \_\_\_\_\_ Process and outcome: \_\_\_\_\_

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

2. Therapist: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Initial reason: \_\_\_\_\_ Process and outcome: \_\_\_\_\_

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

WHAT IS THE REASON YOU ARE SEEKING THERAPY AT THIS TIME?

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HOW LONG HAVE YOU BEEN EXPERIENCING YOUR CONCERNS? \_\_\_\_\_

ANY HISTORY OF SUICIDE ATTEMPTS OR VIOLENT BEHAVIOR?

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HISTORY OF PHYSICAL OR SEXUAL ABUSE?

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HISTORY OF DRUG/ALCOHOL USE/ABUSE (any addiction, AA/NA, etc.):

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FAMILY HISTORY OF ALCOHOLISM, MENTAL ILLNESS, VIOLENCE, SUICIDE:

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