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Personal Information

(Please provide simple information and approximate dates. Use back of page where necessary.)

Name: _____ Date: _____ Referred by: _____

Address: _____ City: _____ Zip: _____

Phone number(s) where messages can be left:

Email:

Date of Birth: _____ Age: _____ Place of Birth: _____

2 Emergency Contacts: name, relationship, phone(s).

Work

Occupation / job title: _____ Employer: _____ How Long? _____

Work history (kinds of work, locations, dates)

Educational background (include schools, degrees, dates, certifications):

Other occupational training:

Volunteer Service:

Health

Current health:

Past and present medical conditions:

Injuries and surgeries: date(s), complications, recovery, and present condition.

Have you ever been hospitalized for medical reasons (when, how long, location, reason):

Limitation of mobility or chronic pain?

Quality of sleep?

Nutrition:

What exercise do you enjoy? How often?

Alcohol use: Past and present. Type, amount, and frequency.

Drug use: Past and present. Type, amount, and frequency.

Other addictive behavior: Past and present. Type, amount, and frequency.

Recovery programs / groups: Past and present.

Primary Care Physician(s): name(s), specialization, location, when last consulted, last complete physical.

Other physician specialist(s): name(s), specialization, location, when last consulted.

Current medication(s) for medical conditions: (other than for depression, anxiety, mood, and sleep listed below.) Include name of medication, for what condition, dosage, when began, side effects.

Holistic health care (past and present):

Physical therapy or body work (past and present):

Family

Parents: names, location, ages, if deceased date of death, occupation, education, health, mental health issues or addictions, quality of your past and present relationship with them.

Father:

Mother:

Step/adoptive Parent(s):

Were your parents ever separated / divorced? When, how long, how old were you? With whom did you stay?):

Other primary caretakers:

Siblings: names, location, ages, if deceased, date of death, occupation, education, health, mental health issues or addictions, quality of your past and present relationship with them.

Where did you live growing up? (location(s), how long, why moved)

Where have you lived as an adult? (location(s), how long, why moved)

Relationships

Marital status: single ___ married ___ widowed ___ divorced ___ separated ___

Current marriage or partnership: name, age, occupation, education, health, mental health issues or addictions, date began/married, where you have lived, children from this relationship.

Past marriages and long term partnerships: name, occupation, education, health, mental health issues or addictions, date began/married, how long, where lived, children from this relationship, date of separation/divorce.

Children and pregnancies: name, age (or age at date of loss), name of parent, education, grade in school, occupation, location, health, mental health issues or addictions, grandchildren:

Other important people in your life: name, age, occupation, location, health.

Therapy

Past individual therapy: therapist(s) name, date began, location, how long, why ended.

Couples therapy: partner's name, therapist(s) name, date began, location, how long, why ended.

Other self awareness / therapeutic programs you have attended:

Have you ever been hospitalized for psychological reasons (when, how long, location, reason):

Psychiatrist (past and present): name(s), location, when last consulted, frequency of visits.

Current psychiatric medication(s): name, dosage, side effects.

Anti-depressant:

Anti-anxiety:

Mood stabilizer:

Anti-psychotic:

Sleeping medications:

Other:

Past psychiatric medication(s): name, side effects, reason for stopping.

Anti-depressant:

Anti-anxiety:

Mood stabilizer:

Anti-psychotic:

Sleeping medications:

Other:

What are the main concerns that bring you to therapy?

What else do you want me to know?