

# Rebecca Berg, Marriage Family Therapy, Inc.

711 East Imperial Highway, Suite 101, Brea, CA 92821 Phone: (714) 743-6957

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## Confidential Client Information Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ (Msgs ok? Y / N )

City / ZIP Code: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ (Msgs ok? Y / N )

E-mail (only if it is OK to contact you via e-mail): \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Marital Status:   Single      Married      Divorced      Living Together      Widowed

Others who live in your household (name, age, gender, relation): \_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone #: \_\_\_\_\_

Have you ever seen a counselor or other mental health professional before? Yes / No

Why have you sought out therapy at this time?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your goals for our work together?

\_\_\_\_\_

\_\_\_\_\_

Are you currently taking any medications or supplements for a mental health condition? Yes / No  
If so, please state medication name(s)/dosage(s):

\_\_\_\_\_

\_\_\_\_\_

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Have you been having any suicidal thoughts or urges recently? Yes / No

Have you been having any thoughts or urges about hurting others recently? Yes / No

Is there anything else you'd like me to know about you?

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How did you find out about me? (Please circle):

Google          Yahoo          Other Search Engine: \_\_\_\_\_

Psychology Today          BNI

Friend or colleague referred me: \_\_\_\_\_

Other Professional referred me: \_\_\_\_\_

Other: \_\_\_\_\_