

Corey Hooper

Licensed Marriage and Family Therapist, MFC #48076

CLIENT INFORMATION FORM

All information provided here is confidential and will not be released without your written approval.

Please bring completed form to first therapy session.

GENERAL INFORMATION

Today's Date _____

Client's Name _____ Referred by _____

Home Address _____

City and Zip _____

Please fill in numbers for phones where you are comfortable receiving calls from me:

Home phone _____ Cell phone _____ Work phone _____

Date of Birth _____ Age _____ Sex _____ Email address _____

EMPLOYMENT/EDUCATION

Occupation _____ Employer _____

Work Address _____

Education _____

PERSONAL / FAMILY INFORMATION

Current Marital Status _____ Length of current marriage/relationship _____

Partner's Name _____ Age _____ Occupation _____

Your children & Ages _____

Number of previous marriage(s)/Length of each _____

Emergency contact _____ Relationship _____

Day Phone _____ Night Phone _____

Your Parents _____
Mother/Age, if living _____ Father/Age, if living _____

Your Sisters, Brothers & Ages _____

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PSYCHOLOGICAL/MEDICAL HISTORY

State why you are applying for therapy at this time (use reverse side for additional space):

Have you PREVIOUSLY been in psychotherapy/counseling? _____ If so: When? _____

Name of previous therapist(s): _____

Please list major medical & psychological conditions: _____

Date of last medical exam _____ Doctor's Name _____ Phone _____

Please list medications you are currently taking _____

Psychiatrists Name (if applicable) : _____ Phone _____

Please list current & previous medications taken for psychological purposes: _____

Have you or anyone in your family ever had a problem with: Alcohol____ Gambling____ Drugs____

Sex Addiction____ Eating Disorder____ Panic Attacks____ If so, please explain: _____

Amount of current use: Tobacco_____ Alcohol_____

I understand my therapist and I will begin working together during the first consultation and the weekly fee set on the phone is due and payable at the end of today's session. I understand my therapist requires 24 hours advance notice of cancellation, or I will pay the full fee.

Signature

Date

For office use only:

Fee: