

Jerry Fihn, MA, MFT, CADC-II, CSAT
Licensed Marriage and Family Therapist
LMFT #53136

CONFIDENTIAL INTAKE FORM

NAME: _____ MALE/FEMALE: _____ DATE: _____

ADDRESS: _____

TELEPHONE: H: _____ CELL: _____ WORK: _____

DATE & PLACE OF BIRTH: _____ AGE: _____

PERSON & PHONE NUMBER TO CALL IN AN EMERGENCY: _____

REFERRED BY: _____

OCCUPATION: _____

EDUCATION:

HIGHEST GRADE/DEGREE: _____ TYPE OF DEGREE: _____

CURRENTLY IN SCHOOL: Y / N WHAT GRADE: _____

CURRENT LIVING STATUS:

MARRIED/SINGLE/LIVING W/ SOMEONE/DIVORCED/SEPARATED

[circle answers]

PRESENT/PAST MARRIAGE(S) YEARS TOGETHER (statement about nature of the relationship(s), i.e., friendly, distant, physically/emotionally abusive, loving, etc.)

Jerry Fihn, MA, MFT, CADC-II, CSAT
Licensed Marriage and Family Therapist
LMFT #53136

15951 Los Gatos Blvd. Suite 13, Los Gatos, CA 95032 / 3060 Valencia Ave. Suite 7, Aptos, CA 95003

CONFIDENTIAL INTAKE FORM

PRESENT SPOUSE/PARTNER:

Education: _____

Occupation: _____

CHILDREN/GRANDCHILDREN: (names/ages; brief statement on your relationship with each.

PARENTS/STEPARENTS (names/age; living/deceased; brief statement about your relationship with them; how were you treated?)

FATHER: _____

MOTHER: _____

STEPPARENTS: _____

SIBLINGS: (name/ages; living/deceased; brief statement about your relationship):

Jerry Fihn, MA, MFT, CADC-II, CSAT
Licensed Marriage and Family Therapist
LMFT #53136

MEDICAL DOCTOR/PSYCHIATRIST (contact info): _____

CONFIDENTIAL INTAKE FORM

CURRENT/PAST MEDICAL/PSYCHOLOGICAL ISSUES: _____

CURRENT/PAST MEDICATIONS (for what & dosage): _____

CURRENT/PAST DRUG/ALCOHOL USE/ABUSE: _____

CURRENT/PAST SEX/GAMBLING/SPENDING/EATING ISSUES: _____

CURRENT/PAST TREATMENTS FOR ANY OF THE ABOVE (AA, NA, SA, OA or
other treatment modalities): _____

Jerry Fihn, MA, MFT, CADC-II, CSAT
Licensed Marriage and Family Therapist
LMFT #53136

FAMILY HISTORY OF DRUG/ALCOHOL USE/ABUSE;
SEXUAL/GAMBLING/SPENDING/EATING ISSUES: _____

CONFIDENTIAL INTAKE FORM

FAMILY HISTORY OF MENTAL ILLNESS/SUICIDE ATTEMPTS: _____

CURRENT ISSUES FOR WHICH YOU ARE SEEKING HELP: _____

Are you currently having thoughts of suicide? **Yes/No**

Have you ever had thoughts of suicide? **Yes/No**

If Yes, when? _____

Have you ever experienced physical abuse? **Yes/No**

Have you ever experienced sexual abuse? **Yes/No**

Do you have current legal problems? **Yes/No**

If Yes to any of the above please describe: _____

Jerry Fihn, MA, MFT, CADC-II, CSAT
Licensed Marriage and Family Therapist
LMFT #53136

PREVIOUS TREATMENT:

Have you ever received outpatient or inpatient psychiatric or psychological
Treatment before? **Yes/No**

CONFIDENTIAL INTAKE FORM

If Yes, please list treatment dates, name of professional, reason for treatment
and outcome below:

I hereby certify that all information listed above is true to the best of my knowledge. I also
certify that I have not purposefully made any misleading statements or knowingly reported
incorrect information.

SIGNED: _____ **Dated:** _____

Referral information: How did you learn about my counseling services? _____

Jerry Fihn, MA, MFT, CADC-II, CSAT
Licensed Marriage and Family Therapist
LMFT #53136

May I contact that person solely to acknowledge this referral? **Yes/No**
CONFIDENTIAL INTAKE FORM

Acknowledging your referral will mean that the referring entity will know that you are receiving counseling from me.

I hereby give you permission to contact my referral source; limited to a personal thank you to other mental health professionals or agencies only.

SIGNED: _____ **Dated:** _____