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INITIAL INFORMATION

Name: _____ Social Security: _____

Date of Birth: _____ Occupation: _____

Spouse's Name: _____ Social Security: _____

Date of Birth: _____ Occupation: _____

Address: _____

Phone: (home) _____ (cell) _____ (work) _____

My Therapist may identify herself when calling: home: Y/N cell: Y/N work: Y/N

My Therapist has permission to leave a message: home: Y/N cell: Y/N work: Y/N

Email Address: _____ Permission to contact you via email/mail?: Y/N

Marital Status: _____ Date of Present Marriage: _____

Church Affiliation (if applicable): _____

Would you like prayer and/or Scripture to be a part of therapy? **Y / N**

Children's names and ages: _____

Who presently lives at your home? _____

Please list all medications (and dosage) you are currently taking: _____

Please briefly describe the reason for which you are seeking counseling at this time: _____

Please list what counseling you have had previously, when and if you have had any hospitalizations:

Please briefly describe what you expect to accomplish from therapy and how long you expect therapy to last:

Person to notify in case of an emergency: _____ Phone: _____

Who referred you? _____ May I thank that person?: Y/N

Client Signature: _____ **Date:** _____