

MATTHEW MOREY, PhD
Licensed marriage and Family Therapist, #MFC 53254
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(415) 967-2424

Client Data Sheet

Name _____ Phone _____
Address _____ Phone _____
Occupation _____ How Long? _____
Birthdate _____ Age _____
Emergency Contact and Phone # _____

Please answer the following questions. Use the back of the pages as necessary.

1) Briefly explain why you are seeking psychotherapy now. _____

2) What would you like to accomplish in psychotherapy? _____

3) Resources: Please describe any personal resources, e.g. sports, clubs, activities, groups, positive job(s), significant family members and friends, etc. (as applicable):

4) Describe parts of your life that you would like to see come into more harmony.

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Name _____

5) Describe your previous experience with psychotherapy. Describe reason for therapy, duration, and effectiveness. _____

6) Describe any physical problems. _____

7) Are you taking any prescribed medication? If so what is it? _____

8) Have you ever been hospitalized for any emotional reason? _____

9) Please describe your use of alcohol and /or non-prescribed drugs. _____

10) Is there anything else you would like me to know? _____
