

Victoria Swenson, MFT
315 Los Gatos Saratoga Road
Los Gatos, CA 95030

Background Information
Please complete both pages

Name _____ Age _____ Date of Birth _____

Address _____ City _____ Zip _____

Home Phone _____ Mobile _____ Work _____ Preferred #: **H M W**

Email address _____ Accept Texts **Y N**

How did you hear about me? _____

___ Single ___ Married How long? _____ ___ Living Together How long? ___ Separated How long? _____

___ Divorced How long? _____ ___ Widowed How Long? _____

What brings you in now? _____

How long have you been bothered by this problem? _____

What do you want to get out of therapy? _____

Currently or previously in therapy? **Y N** If yes, list dates and provider name, address and phone _____

Past/present Medical issues (include major illnesses, accidents, etc.) _____

Current Medications (include dosage and frequency) _____

Past/Present alcohol and drug use (include current consumption, treatment/12-Step participation, etc.) _____

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Current medical doctor/s & location (including psychiatrist, if applicable) _____

As applicable, comment on the following areas of your life: Family _____

Other Relationships _____

Work/School _____

Sexuality _____

Spirituality _____

Financial/Legal Issues _____

Anything else that is important for me to know about you _____

Signature _____ Date _____