

magpieLIFE

creating a life you love with the life you have

Psychotherapy with Eve Sturges, MA, LMFT 103942
1453 El Paso Drive
Los Angeles California
90065

GENERAL INFORMATION

NAME: _____ DATE: _____

ADDRESS: _____

TELEPHONE _____ (IS THIS CELL/HOME/WORK?)

May I leave a message on your voicemail that identifies me as a psychotherapist? Y/N

EMAIL _____

DATE OF BIRTH _____

AGE _____

MARITAL/RELATIONSHIP STATUS _____

EMPLOYER: _____

PROFESSION: _____

EMERGENCY CONTACT _____

EMERGENCY CONTACT PHONE NUMBER: _____

RELATIONSHIP TO YOU _____

MEDICAL INFORMATION

ARE YOU PRESENTLY TAKING ANY MEDICATION? Y/N

IF YES, PLEASE LIST:

ARE THERE ANY MEDICAL OR PHYSICAL NEEDS/HISTORY THAT YOU WOULD LIKE ME TO BE AWARE OF? Y/N

IF YES, PLEASE EXPLAIN:

BRIEF DESCRIPTION OF THE PROBLEM

State your concerns (ie. why are you seeking psychotherapy?)

How long have these difficulties been presenting themselves?

Have you ever been in therapy before? Y/N if yes, when:

Alcohol Use (How Much? How often?):

Nicotine Use (How Much? How often?):

Street Drug Use: (Type/How Much/How Often?) :

Marijuana: (How Much? How Often?):

Addiction History:

Active? Y/N

PSYCHIATRIC HISTORY

Do you currently have a psychiatrist? Y/N

(If Yes)

Name _____

Phone Number: _____

COMMENTS

Is there anything else you'd like me to know as we begin the psychotherapy process?