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Psychotherapy for Individuals and Couples
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Client Information

Today's Date: _____

Name: _____ Age: _____ Date of Birth: _____

Address: _____

City: _____ Zip Code: _____

Phone: (C) _____ (H): _____ (W): _____

Email: _____ Is it OK to contact you by email? Y N

May I leave a message on any of your phone lines? Y N If yes, which line(s)? _____

Employer name and address: _____

Job title: _____; Highest level of education completed: _____

Marital Status: _____ Name of Spouse/Partner: _____

Children: Y N If yes, please tell me their genders and ages: _____

Who do you live with?: _____

Who referred you to my practice? _____

May I notify this person that you have contacted me? Yes No; If yes, please provide me with their contact information: _____

Regular Physician (Name & Phone): _____

Will you sign a Release of Information should a conversation/consultation become necessary? Y N

Approximate date of last physical exam: _____ Outcome: _____

Any physical health concerns I should be aware of?: _____

Emergency contact: Name _____ Phone: _____ Relationship: _____

Insurance Information (for emergency purposes only): _____

Reason you are seeking therapy at this time: _____

Have you had therapy before? If so with whom and for how long?: _____

What are your personal strengths? _____

Anything else relevant that you want me to know up front? _____

Thank you!