

Russell Wilkie, MA, LMFT  
Licensed Marriage & Family Therapist  
MFC#29758  
901 Campisi Way - Suite 350  
Campbell, CA 95008  
Cell (408) 529-1975 Fax (408) 871-6886



<http://www.RussellWilkie.com>

**Personal Information**

Name \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Best times to call you? \_\_\_\_\_ SSN \_\_\_\_\_ Age \_\_\_\_\_  
Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_  
Present job \_\_\_\_\_ Employer \_\_\_\_\_  
Work Phone \_\_\_\_\_ May I call you at work? \_\_\_\_\_ Address \_\_\_\_\_  
Emergency contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_  
Who referred you to me? \_\_\_\_\_  
Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Previous counseling: Type and dates? \_\_\_\_\_

Current, or last therapist(s) \_\_\_\_\_  
Address and phone \_\_\_\_\_  
Currently taking any medications? (names and doses) \_\_\_\_\_

Marital status: S M D W Sep Dates: \_\_\_\_\_

Persons currently living in your household:

<u>Name</u>	<u>Relationship</u>	<u>Gender</u>	<u>Age</u>	<u>School</u>

Previous psychiatric history  
\_\_\_\_\_

Previous anger/violence/partner abuse issues  
\_\_\_\_\_

Previous/current personal substance use/abuse and family history of same  
\_\_\_\_\_

What are the main concerns that bring you to therapy?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please add anything else that might be helpful on the back of this form.