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<http://www.RussellWilkie.com>

Personal Information

Name _____ Date _____ Phone _____

Address _____ City _____ State _____ Zip _____

Best times to call you? _____ SSN _____

Date of birth _____ Age _____ 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 (types and dates): _____

Address and phone _____

Currently taking any medications? (names and doses) _____

Relationship (Circle any that apply): Single, Married, Separated, Domestic Partnership, Divorced, Widowed,
Monogamous, Open, Polyamorous, Other _____

Dates _____

Persons currently living in your household:

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