

Russell Wilkie, MFT
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RussellWilkie.com

Personal Information

Name _____ Date _____ Phone _____
Address _____ City _____ Zip _____
Best times to call you? _____ SSN for insurance reimbursement _____
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 medications? (names and doses) _____

Relationship Status (circle any that apply): Single, Married, Domestic Partnership, In Relationship,
Engaged, Dating, Widowed, Divorced, Separated
Relationship Orientation: Monogamous, Open, Polyamorous, It's Complicated, Other _____
Dates _____

People 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 here, or on the back of this form.