

Kimberly L. Allen-Harvey, MFT

Licensed Marriage and Family Therapist MFC 44614
8788 Elk Grove Blvd. Building 3 Suite 20
Elk Grove, Ca. 95624
(916) 718-8638

• General Information

Client	Date of Birth	Male / Female/ Transgender/ Transman/ Transwoman/ Gender Non-conforming/ Other
Address	Telephone (Home)	(Work)
City	State	Zip

• If minor, please list legal guardian / parent

Name	Telephone
Name	Telephone

• Additional Client (Family Treatment)

Client	Date of Birth	Male/Female
Address	Telephone (Home)	(Work)
City	State	Zip

• Other Information

Occupation and Employer	Religion
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• Academic Information

Current School Name	Current or Highest Grade Completed
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• Marital Status

Never	Married	Divorced	Separated	Widow(er)	Number of Marriages
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• Family Members

Name	Age	Relationship	In the home
Name	Age	Relationship	In the home
Name	Age	Relationship	In the home
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Name	Age	Relationship	In the home

• Medical Information

Primary Care Physician	Phone	Date of Last Physical
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Medication (prescribed by whom, medication name, dosage)

Medical Conditions and/or Allergies

Alcohol Use (frequency / amount)

Drug Use (non-prescribed street or over the counter)

How Many Hours of Sleep Do You Get Every Night?

• **Therapy Information**

What would you like to discuss

How long has this been going on

Have you had previous therapy

By Whom

When

Person to contact in case of an emergency

Phone

Comments