

Frank A. Sanchez, Ph.D.

Licensed Marriage and Family Therapist MFC48671
11145 Tampa Ave., Porter Ranch, CA 91326
610 Santa Monica Blvd., Santa Monica, CA 90401
323-447-2466

General:

Name _____ DOB _____

Address _____ Home Phone _____

Secondary phone _____ E-mail _____

Emergency contact: _____ Phone _____

Referred by _____

Relationship Status:

Single Married Separated Divorced Widowed Cohabiting

Spouse/Partner Name:

not applicable or _____

Names and ages of children:

not applicable or _____

Health Insurance Information:

Name of insurance company _____ Telephone number _____

Policy number _____ Group number _____

Areas of Concern

What issues/concerns causes you to seek treatment? Please describe. _____

Do you have any specific goals with regard to your treatment? _____

Do you have any particular concerns/fears with regard to treatment? _____

Psychological History

Have you ever received mental health treatment before? _____

When and for how long? _____

What was the focus of treatment? _____

Have you ever been hospitalized for mental or emotional problems? _____

When and for how long? _____

Why were you hospitalized? _____

Are you currently having any suicidal thoughts? Please describe _____

Have you ever attempted suicide? _____

When? _____

Describe the circumstances that led to that attempt. _____

Are you currently taking any prescription medications? _____

For what reason? _____

How long have you been on the medications? _____

Were you ever subjected to verbal, physical, emotional, sexual abuse? Please describe.

Have you ever been a victim of a violent crime? Please describe _____

Have you ever been in a 12-step program? Please describe. _____

Do you smoke? _____ How much? _____ For how long? _____

Do you drink alcohol? _____

On average, how much alcohol do you consume in a week? _____

Do you currently use illegal drugs? Please describe your use _____

Have you ever used illegal drugs? Please describe. _____