Intake Form

Roya Dedeaux * Licensed Marriage and Family Therapist * LMFT#95302 * NPI #1578944559
5212 Katella Ave. Suite 101 * Los Alamitos, CA 90720

Name: _____ Date: _____

D.O.B.: _____ Age: _____ Gender:_____ Preferred Pronouns_____

Address_____

Email Address_____

Telephone: _____ Can I text this number? _____ Is it ok to leave voicemail? Y N

Highest Grade/Degree: _____ Occupation: _____

Sexual Orientation:_____

Religion:_____ Cultural/Ethnic Background:_____

Referred by _____ Can I thank them? Y N

Emergency Contact Name/Number:
_____

Marital Status (circle one): Single Live-In Partner Married Separated Divorced

Former/Present Marriage(s) / Partnership(s) (years)**: _____**

Spouse/Partner Name: _____ Age: _____

Occupation of Significant Other _____

Children (names/ages) **_____**

Siblings (names/ages)**: _____**

Parents/Step-Parents (Ages or year of death)**: _____**

Why are you seeking therapy?

_____

_____

_____

Past/Present Drug/Alcohol Use (any addiction, AA/NA/etc.)**: _____**

Medical Doctors: _____ Phone: _____

Current Medication (presently taking and for what**):**

_____

Past/Present Medical Care (Specify: major problems, accidents, hospitalizations, current medication)**:**

_____

Past/Present Counseling/Therapy/Mental Health Hospitalization:

Therapist: _____ Dates: _____ to _____

Phone: _____ Address: _____

Initial reason: _____