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Name: _____ Date: _____ HomePhone: _____ Work Phone: _____
Email: _____ Referred By: _____ Date of Birth: _____ Age _____
Address: _____
City: _____ State: _____ Zip: _____ Marital Status: _____ Date Married: _____
Occupation: _____ Educational Level: _____

Name of parent/guardian (If under 18 years): _____

Areas of Concern

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

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

Do you have any specific 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? _____

Name of treating therapist(s), address(es), phone number(s): _____

List any prescription medications you are currently taking and their purpose: _____

Have you ever attempted suicide? _____ If so, please describe date and circumstances. _____

Are you currently having any suicidal thoughts? If so, please describe. _____

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

Medical History

Have you ever been diagnosed with a serious illness? Please describe: _____

Please describe your overall health today. _____

Are you experiencing any medical/physical symptoms you attribute to mental, emotional, or stress-related conditions? Please describe. _____

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

Do you drink alcohol? _____ How much do you consume weekly (average)? _____

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

Have you ever used illegal drugs? Please describe. _____

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

Family of Origin History

Mother's name, age, living/deceased, description of relationship with mother: _____

Father's name, age, living/deceased, description of relationship with father: _____

Names and ages of siblings and a brief description of relationship with each: _____

List names and ages of spouse/partner and children and a brief description of relationship with each: _____

Other Information

Please describe your interests/hobbies: _____

Please include any other information that you believe is relevant to your treatment, not previously requested: _____

