

Russell Wilkie, MA, LMFT
Licensed Marriage & Family Therapist
MFC#29758
901 Campisi Way - Suite 350
Campbell, CA 95008
Cell (408) 529-1975 Fax (408) 871-6875



<http://www.RussellWilkie.com>

Personal Information

Name _____ Date _____ Phone _____
Address _____ City _____ Zip _____
Best times to call you? _____ SSN _____ Age _____
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 taking any medications? (names and doses) _____

Marital status: S M D W Sep Dates _____

Persons 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 on the back of this form.