

Lisa Murray, LMFT
Counseling

Client Questionnaire

Today's Date

Referred by

Name(s) (please print)

Spouse/Other Name

Occupation

Spouse/Other Occupation

Home Phone #

Work Phone #

Spouse/Other Phone # Spouse/Other Phone #

Street Address

Spouse/Other Street Address

City State ZIP

City State Zip

Date of Birth

Social Security #

Spouse Date of Birth

Spouse Social Security #

Marital Status: Single

Engaged

Married

Separated

Divorced

Remarried

List members of your family and/or all others living in your home:

Name

Sex

Age

Relationship to you

Occupation

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Briefly describe your reason for seeking help:

When were you last examined by a physician? _____

Name of physician: _____

Phone number: _____

List any major health problems for which you currently receive treatment: _____

List all medications you are now taking:
