

Licensed Marriage and Family Therapist

DATE OF INITIAL SESSION

1151 Dove Street Suite #245, Newport Beach, CA, 92660
949.300.8004 | WWW.TRACYKUHARCOUNSELING.COM

Month Day Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, PLEASE USE A SEPARATE CONTINUATION SHEET.

1
CONTACT
INFORMATION

FIRST NAME ▼	LAST NAME ▼	NAME YOU PREFER TO BE CALLED (IF DIFFERENT) ▼	D.O.B. ▼	PLACE OF BIRTH ▼
STREET ADDRESS ▼		CITY ▼	STATE ▼	POSTAL CODE ▼
Is it OK to send mail to this address? <input type="checkbox"/> Yes <input type="checkbox"/> No				
HOME PHONE # ▼	Is it OK to call this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is it OK to leave a message at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	CELL PHONE # ▼	Is it OK to call this number? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is it OK to leave a message at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No				
WORK PHONE # ▼	Is it OK to call this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is it OK to leave a message at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	E-MAIL ADDRESS ▼	Is it OK to send e-mail to this address? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is it OK to leave a message at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No				
EMERGENCY CONTACT INFORMATION		NAME ▼	PHONE # ▼	RELATIONSHIP TO CONTACT ▼
Please provide a name and phone number to call in case of an emergency.				

2
DEMOGRAPHIC
INFORMATION

GENDER
Check as many as are appropriate.

Female Transgender M to F
 Male F to M Other Specify Other:

HOW DO YOU SELF-IDENTIFY

Bisexual Heterosexual/Straight Queer
 Gay Lesbian Not Sure Other Specify Other:

CURRENT RELATIONSHIP STATUS

Single Domestic Partnership/Civil Union Involved with multiple partners Divorced/permanently separated from spouse/partner
 Married Partnered Separated from spouse/partner Other Specify Other:

CURRENT EMPLOYMENT STATUS Full-time Part-time Self-employed Student

CURRENT INCOME \$0 - \$29,999 \$75,000 - \$84,999
 \$30,000 - \$49,999 \$85,000 - \$99,999
 \$50,000 - \$74,999 > \$100,000

OCCUPATION ▶

3
REFERRAL
INFORMATION

CURRENT REASON(S) FOR SEEKING THERAPY ▼

ESTIMATE SEVERITY OF THE ABOVE PROBLEM ▼

HOW DID YOU HEAR OF MY PRACTICE

Internet Search
 Friend/Acquaintance
 Referring Provider Provider Name:
 Other Specify Other:

MORE PAGES ▶ • Complete all applicable spaces.

DO NOT WRITE HERE