

# Theresa M. Davis, MFT

Licensed Marriage and Family Therapist MFC 38963  
1665 Creekside Drive, Suite 106  
Folsom, CA 95630  
(916) 837-9561

## • General Information

Client	Date of Birth	Male / Female
Address	Telephone:	Email:
City	State	Zip

## • If minor, please list legal guardian / parent

Name	Telephone
Name	Telephone

## • Spouse/Partner Information

Name	Date of birth	Male/Female
Address	Telephone:	Email:
City	State	Zip

## • Other Information

Occupation and Employer	Religion
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## • Academic Information

Current School Name	Current or Highest Grade Completed
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## • Marital Status

<input type="checkbox"/> Never	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widow(er)	Number of Marriages
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## • Family Members

Name	Age	Relationship	In the home
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## • Medical Information

Primary Care Physician	Phone	Date of Last Physical
Medication (prescribed by whom, medication name, dosage)		
Medical Conditions and/or Allergies		
Alcohol Use (frequency / amount)		
Drug Use (non-prescribed street or over the counter)		

## • Therapy Information

What would you like to discuss		
How long has this been going on		
Have you had previous therapy	By Whom	When
Person to contact in case of an emergency		Phone

*Referred by:*

*Can I thank them for the referral? Yes / No*