

Mary Logan M.A.
Licensed Psychotherapist MFC # 38623

CLIENT INFORMATION

Name (printed): _____ Birth date: _____ Gender: M / F
Marital Status (please check): Single in a relationship Married Separated Divorced
 Widowed

Address: _____

City: _____ State: _____ + Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Occupation: _____ Employer: _____

How Long: _____

Referral Source (circle): General internet Search Google Ad Psychology Today Listing

Personal Referral: _____

Ok for me to say thank you: Yes No

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone: _____

TREATMENT HISTORY

List any major current physical or mental health
problems _____

Have you been in therapy before? _____ If yes, when? _____ Problem? _____

Whom did you see? _____ Did it help? _____

Have you ever been hospitalized? Yes _____ No _____

If yes, for what
condition(s): _____

Are you Currently under treatment for a medical condition? Yes _____ No _____

Please list any substances you use and/or medications you are taking (use back if necessary):

2500 Hospital Drive Building 3
Mountain View Ca 94040
(650)6947850 marylogan@msn.com

Mary Logan M.A.
Licensed Psychotherapist MFC #38623

Please list information about anyone currently living with you:

NAME: _____ **AGE:** _____ **RELATIONSHIP** (e.g. son, roommate)

Are you having any suicidal thoughts or plans at this time? Yes No

Have you had suicidal thoughts in the past? Yes No

Are you having any thoughts of committing violence towards others or property? Yes No

Do you have access to weapons? Yes No

What was the catalyst or reasons for your seeking therapy now?:

What outcomes do you hope to get out of therapy?

Signature: _____ **Date:** _____

2500 Hospital Drive
Mountain View Ca. 94040

(650)6947850

marylogan@msn.com
