

Cynthia Ezell, LMFT
Licensed Marriage and Family Therapist

1901 Acklen Avenue
Nashville, TN 37212
615-386-0201

Today's Date_____

Client Information: Adult

Name_____

 First Middle Last
Age_____ Date of Birth_____

For couples:

Name_____

 First Middle Last
Age_____ Date of Birth_____

Home
address_____

 Street City State Zip

If married, but living separately, please give second person's address below

Home
address_____

 Street City State Zip

For purposes of contacting you;

Cell phone_____ Home phone_____ Work phone_____

Cell phone_____ Home phone_____ Work phone_____

Which number do you prefer me to use to contact you?_____

May I leave you a message at that number?_____

Occupation_____

Occupation_____

Marital Status_____

Dates of Previous Marriages_____

Children

Ages

Grade if in school

Referred by _____
 If you are under the care of a psychiatrist and/or are taking any psychotropic medications please list your medications and the prescribing physician's name.

Medications _____

Prescribing Physician _____
 When have you last seen the prescribing physician? _____

2nd adult

If you are under the care of a psychiatrist and/or are taking any psychotropic medications please list your medications and the prescribing physician's name.

Medications _____

Prescribing Physician _____
 When have you last seen the prescribing physician? _____

If you have previously been in therapy please list approximate dates and the therapist's name _____

2nd adult

If you have previously been in therapy please list approximate dates and the therapist's name _____

Please give me a brief idea of why you are seeking therapy at this time.

Are there specific questions you would like me to be prepared to answer when we meet for an initial session?

Do you have any specific concerns about beginning therapy?

If psychotherapy is successful for you, how will things in your life be different?

What are 3 major goals you hope to realize by seeking therapy?
