

Cynthia Ezell, LMFT
Licensed Marriage and Family Therapist

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615-386-0201

Today's Date _____

Client Information: Student

Name _____
 First Middle Last

Age _____ Date of Birth _____

Home Address _____
 Street City State Zip

Student Phone # _____
 Cell Home

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

May I leave a message at that number? _____

School you Attend _____ Grade _____

Mother's Name _____

Mother's Address (if different) _____
 Street City State Zip

Father's Name _____

Father's Address (if different) _____
 Street City State Zip

Who all lives in your home? (include names and ages of siblings)

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Who referred you to me?_____

Have you ever had therapy before?_____

Name of therapist_____

Dates of previous therapy_____

Who is your Physician?_____

How long has it been since you have seen your doctor?_____