

RubyVisions
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Client Information

Date: _____

Name: _____

Home address: _____ City: _____ State: _____ Zip: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Birth date: _____ Ethnicity: _____ Marital Status: _____

Emergency Contact: _____ Telephone: _____

Employer: _____ Position: _____

Health Insurance: _____

Subscriber and group #: _____

Who is in your immediate family? What is the relationship and birth date?

What is your reason for seeking therapy?

Mental health history: Please include prior psychological diagnoses, treatment, and experience with psychotherapy.

Medical health and history:

Please include hospitalizations, major surgeries, chronic and current ailments.

Please list any medications and drugs you are currently using:

Is there anything else I should know to better serve you?

Signature

Date

Printed Name