

# Jeremy Mays, M.S., LMFTA #MG 60135375

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Please complete one form per person. Your answers to these questions are confidential.  
Please ask me any questions you may have in filling out the form.

1. Today's date: \_\_\_\_\_ 2. Full Name: \_\_\_\_\_

3. Date of birth: \_\_\_\_\_ 4. Social Security #: \_\_\_\_\_

5. Occupation: \_\_\_\_\_

6. Address (Home) — may I send mail to you here? **YES NO**

Street: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

\_\_\_\_\_

7. Phone #s — may I leave a message at this #?

Day: \_\_\_\_\_ **YES NO**

Eve: \_\_\_\_\_ **YES NO**

Cell: \_\_\_\_\_ **YES NO**

Email Address: \_\_\_\_\_ May I email you? **YES NO**

8. Primary Care Physician's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

7a. Date of last physical exam: \_\_\_\_\_

9. Do you currently see a psychiatrist? **YES NO**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

May I contact your physician/s if necessary? **YES NO**

Please provide your signature indicating your consent \_\_\_\_\_

10. If school-age child, please indicate school attending and school counselor's name (if applicable) \_\_\_\_\_

\_\_\_\_\_

11. List any health problems for which you currently receive treatment or have received treatment in the past.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. List any medications (prescription or non-prescription) you are currently taking.

Type	Dose	Reason
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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13. Who referred you to me / how did you find me? \_\_\_\_\_

14. Previous counseling/therapy? **YES NO**

Dates

Therapist's Name

Dates	Therapist's Name

15. Please indicate current use and frequency of use of the following substances:

	More than once a day	Once a day	Once every 2 - 3 days	Weekly	Monthly	Yearly or less	Never
Alcohol							
Non-prescription Drugs							
Nicotine							
Caffeine							
Prescription Drugs							

16. Who else lives in your household? Their relationship to you?


17. Please state the reason/s you are seeking help.


18. How many sessions do you think it might take to address your concerns? \_\_\_\_\_

19. Person to contact in case of emergency?

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Thank you.**