

Eva Tak, MFT

Changing Perspectives

4993 Golden Foothill Parkway, Suite 6, El Dorado Hills, CA 95762

Phone 916.605.6629 – Fax 916-358-8664

INTAKE PERSONAL HISTORY

Client Name: _____ Date: _____

Marital Status: _____ Previous Marriage/Partner #: _____ Children: ___ Yes ___ No. How many? _____

Please list all persons living in the same household:

Name	Age	Relationship	Name	Age	Relationship

Current medical problem(s) and medication(s) (include herbal, supplements, over-the-counter, dosage and starting dates):

Previous surgery (type, approximate date(s)): _____

Trauma, accidents, losses (type, approximate date(s)): _____

Names of previous counselors seen and approximate dates: _____

Reason for seeking counseling/current concern(s): _____

How did you find out about Changing Perspectives? _____