

**Cal J. Domingue, MFT**Licensed Marriage & Family Therapist
MFC39338

3896 24th St San Francisco, CA 94114 (415) 377-0544 cal@caltherapy.org

## **Client Information:**

Name:	
Last First	
Age:Date of Birth:	Relationship Status:
Address:	Phones: home
	work
Email:	cell
Emergency Contact: Name:	Phone:
It isOK /Not OK (choose one) to contact It isOK /Not OK (choose one) to contact It isOK /Not OK (choose one) to leave n	t me via email
Gender:MaleFemaleMT	FFTMNon-BinaryOther
Preferred Pronouns: he/him/his sh Other ( please specify here:	
Sexual Orientation: Gay Straight	_ Queer Bi Asexual Other
Do you have health insurance of some kind?	Yes No
Chief Reason for Seeking Therapy Now:	
Recent History of Presenting Problem (include atte	empts to address this with results, & successes)
Past Psychological History (evaluations, treatment of other traumas, hospitalizations, medications, atte	nt, abuse, harm to self or others, exposure to violence empts to resolve current challenges, successes):



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Family Psychiatric History:	
Educational History (include grade in school, history	of psychoeducational testing, special education,
failure or difficulties with handwriting, spelling, readir	ng, math, speech, referrals & results):
Work History (include jobs, goals, challenges):	
Drug and Alcohol History (include description of su	ubstances you have used, in the past and
currently, and any previous treatment for substance de	pendence or abuse)
Medical History (include chronic or acute illness or p	hysical complaints, immunizations, head injury,
loss of consciousness, tics, seizures, snoring, hospitaliza	ations, accidents, medications, allergies):
Your Strengths:	
Tour Strengths.	
Client's signature	Date