



**DR. LISA J. PALMER-OLSEN, M.F.T.**

Licensed Marriage & Family Therapist ♦ M.F.T. #37577

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## Client Identifying Information

**# 1: Name of person initiating therapy:** \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Social Security #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell / Pager: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Calls will be discreet at work and home, please list any restrictions: \_\_\_\_\_

Current employer: \_\_\_\_\_ Insurance? (circle one) YES NO

**Name(s) of others who may be attending sessions:**

**#2: Name:** \_\_\_\_\_ **Birthdate / Age:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

**#3: Name:** \_\_\_\_\_ **Birthdate / Age:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

**Your medical doctor and / or psychiatrist:**

• Name: \_\_\_\_\_ Phone: \_\_\_\_\_

• Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Who were you referred by?** \_\_\_\_\_

**May I have permission to thank that person?** YES NO

**Who currently lives in your home?** \_\_\_\_\_

**What is your current relationship status?** \_\_\_\_\_

**Briefly summarize your reason(s) for beginning therapy:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_