Gloria Lakin M.A LMFT
Glorialakinlmft@gmail.com
Marriage and Family Therapist
2720 Neilson Way, num. 5564
Santa Monica, CA. 90405
424-6457324
Http://doxy.me/glorialakin

NAME:_____

ADDRESS: _____

CITY: _____ ZIP: _____

AGE: _____ DATE OF BIRTH: _____/_____/_____ SOC.SEC.#:_____-_____-_____

EMAIL:_____

CELL PHONE: (_____) _____-_____ (OK to receive texts? Y / N)

MEDICARE # :_____

Supplemental Insurance Co.: _____ID# _____

CURRENT MARITAL STATUS:_____ CURRENTLY LIVING WITH:_____

IN YOUR FAMILY, INCLUDING YOURSELF, WAS THERE?:

-Alcohol or drug addiction? Y / N Who: Self:_____Relative:_____

-Diagnosed mental disorder? Y / N Who: Self:_____Relative:_____

-Past suicide attempts? Y / N Who: Self: _____Relative:_____

HAVE YOU EVER BEEN HOSPITALIZED FOR PSYCHIATRIC CARE? Y / N

-If Yes, provide approximate dates_____

DO YOU CURRENTLY HAVE ANY SERIOUS PHYSICAL HEALTH PROBLEMS? Y / N
If Yes, Briefly describe:

_____

WHO DO I CALL IN AN EMERGENCY?: Name, Relationship to you, Phone#:

_____

PLEASE SIGN BELOW THAT THE INFORMATION PROVIDED HERE IS ACCURATE:

NAME: _____ DATE:_____