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BIOGRAPHICAL INFORMATION

Date: _____

Name: _____ Name you prefer to be called: _____

Address: _____ City/State/Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Soc. Sec. # _____ Birthdate: _____ Age: ____ Male: ____ Female: ____

Employer: _____ Position: _____

Marital Status: Married: (Date: _____) Divorced: (Date: _____) Separated: (Date: _____)

Widowed: (Date: _____) Single: ____ Living with significant other: (Date: _____)

Spouse's/Partner's Name: _____ Birthdate: _____ Work Phone: (____) _____

E-mail: _____ May I contact you by e-mail? Yes ____ No ____

by text? Yes ____ No ____

CHILDREN (oldest to youngest)

Name: _____ Age: ____ Birthdate: _____ Sex: ____

Name: _____ Age: ____ Birthdate: _____ Sex: ____

Name: _____ Age: ____ Birthdate: _____ Sex: ____

Name: _____ Age: ____ Birthdate: _____ Sex: ____

MEDICAL

List any medical problems/illnesses: _____

Are you currently taking any medication? _____ If yes, please describe: _____

Name of Physician: _____ Telephone: (____) _____

PERSONAL

All information is CONFIDENTIAL and will not be released without your knowledge.

Have you had previous counseling? _____ If yes, please describe: _____

What is your goal for therapy? _____

Race/Ethnicity: _____ If foreign born, country of birth? _____ Years in USA: _____

Religious Affiliation: _____ Level of Education: _____

How were you referred? _____

EMERGENCY CONTACT

Name: _____ Relationship: _____ Telephone: _____

Address: _____ City/State/Zip: _____

PERSONAL

All information is CONFIDENTIAL and will not be released without your knowledge.

How often do you drink alcohol? _____ How much do you drink? _____

Are you currently using any drugs? _____ If yes, what drugs? _____

Have you ever been treated for alcohol or drug problems? _____ If yes, when and where? _____

Are you attending any 12-step programs? _____ If so, which one(s)? _____

Have you ever been arrested? _____ convicted? _____ If yes to either, please describe: _____