

**Yvonne Miller LMFT**

<b>Name:</b>			<b>Date:</b>		
<b>Birthdate:</b>		<b>Age:</b>	<b>Gender:</b>		<b>SSN:</b>
<b>Address:</b>					
<b>Phone numbers:</b>		<b>Home:</b>	<b>Work:</b>		<b>Cell:</b>
<b>Occupation:</b>			<b>Employer:</b>		
<b>Grade Completed or In:</b>			<b>School:</b>		
<b>Cultural Heritage:</b>			<b>Spiritual Practice:</b>		
<b>Presenting Problems:</b>					
<p><b><u>Mental Health</u></b>  <b>Current Mental Health Providers:</b>  <b>Psychiatrist:</b>  <b>Psychiatric Medications:</b>  <b>Previous Mental Health Providers and Dates of Care:</b>  <b>Community Resources Utilized (AA, support groups, etc.):</b></p>					
<p><b><u>Physical Health</u></b>  <b>Medical Conditions:</b>  <b>Medications for Physical Conditions:</b>  <b>Family Physician Name and Phone:</b>  <b>Drug and Food Allergies and Adverse Reactions:</b></p>					
<b>Legal Issues Impacting You:</b>					
<b>In an Emergency</b>		<b>Notify:</b>		<b>Relationship:</b>	
<b>Phone:</b>					
<b>Family</b>	<b>Name*</b>	<b>Date of Birth*</b>	<b>Year Married</b>	<b>Year Divorced</b>	<b>Year Deceased</b>
<b>Mother</b>					
<b>Father</b>					
<b>Sibling</b>					
<b>Sibling</b>					
<b>Sibling</b>					
<b>Spouse/Partner</b>					
<b>Other</b>					
	<b>Name</b>	<b>Date of Birth</b>	<b>Resides with</b>	<b>School Attends</b>	<b>Grade</b>
<b>Child</b>					
<b>Child</b>					
<b>Child</b>					

\* Adult clients may choose to omit this identifying data.