
Margaret Perlstein, MFT
Adult, Adolescent, and Family Therapy

NEW CLIENT INFORMATION

TODAY'S DATE: _____ PHONE NUMBER: _____

CLIENT NAME(S): _____

AGE(S): _____ -- BIRTHDATE(S): _____

ADDRESS: _____

SPOUSE'S NAME: _____

PARENTS' NAMES: _____

CHILDRENS' NAMES AND AGES: _____

SIBLINGS NAMES AND AGES: _____

EMPLOYMENT OR SCHOOL: _____

PREVIOUS THERAPIST(S) AND DATES OF TREATMENT: _____

MEDICATION(S) AND PRESCRIBING PHYSICIAN: _____

REASONS FOR SEEKING THERAPY AT THIS
TIME: _____