

Ann Clarkson, MFT
Marriage Family Therapist
License No. MFC 38330

281 East H Street
Benicia, CA 94510
707.746.7408

Couples Intake Form

Date: ____ / ____ / ____ Authorization # _____

Partner 1:

Name: _____

Address: _____

City: _____ State/Zip: _____

Preferred Phone _____ Email: _____

Age _____ Date of Birth: ____ / ____ / ____ SSN: _____

Work / School: _____

Part-time: _____ Full-time _____ Retired _____ Unemployed _____

Partner 2:

Name: _____

Address: _____

City: _____ State/Zip: _____

Preferred Phone _____ Email: _____

Age _____ Date of Birth: ____ / ____ / ____ SSN: _____

Work / School: _____

Part-time: _____ Full-time _____ Retired _____ Unemployed _____

Presenting Issues: _____

Referring Source/Primary Physician: _____

Insurance: _____ Member ID #: _____

Policy holder: _____

Date of Birth: _____ SSN: _____

Children/Others at home: (name & age)
