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

281 East H Street
Benicia CA 94510
707.746.7408

Individual Intake Form

Date _____ Fee/Authorization #_____

Name: _____

Address: _____

City: _____ State/Zip:_____

Home Phone_____ Cell Phone:_____

Email: _____

Age: _____ Date of Birth: _____ SSN:_____

Presenting Issues:_____

_____

_____

Employer/School:_____

Part-time_____ Full-time_____ Retired_____ Unemployed_____

Referring Source/Primary Physician:_____

Insurance:_____ Member ID#:_____

Policy holder: _____

If different from above

Address:_____ Phone:_____

Date of Birth:_____ SSN:_____

Spouse/Partner: _____

Married_____ Single_____ Divorced_____ Separated_____

Children/Others at home: (name & age)

_____

_____

_____