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**Client Information**

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Today's date: \_\_\_\_\_

Your name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home street address: \_\_\_\_\_  
Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/evening phone: \_\_\_\_\_ Day/cell phone: \_\_\_\_\_

How did you receive my name? \_\_\_\_\_

Emergency contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Are you currently receiving services from any other psychotherapist? If so, please indicate the therapist's name and phone number:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Do you give me permission to speak with this therapist about your treatment? Please initial: yes: \_\_\_\_\_ No: \_\_\_\_\_

From whom or where do you get your medical care?

Practitioner/doctor's name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date of last Physical: \_\_\_\_\_

Are you currently taking any prescription medications or herbs or vitamins prescribed by an alternative practitioner? \_\_\_\_\_

Please list:

\_\_\_\_\_

Have you received psychotherapy or counseling before? If so, please list the issues you sought help for, the approximate dates of treatment and the names of the previous therapists:

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Your current employer

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Please list a few of the reasons you've decided to seek therapy right now:

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If you have been in therapy before, please let me know if there was anything that really helped you , as well as anything you feel was not helpful at all:

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How would your life be different after therapy that would mean for you that therapy was successful?

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How often do you drink alcohol?

Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

How often do you use recreational drugs?

daily weekly monthly never

Is there anything else you feel I should know that has not been asked in this questionnaire? Please use the back of this form.