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Minor/Young Adult Client Information Sheet

Date: _____

Name _____ Phone _____

Address _____ Phone _____

Grade _____ Age _____ Birthdate _____

Grade/Year, Job(s), Sports, Important Activities (as applicable) _____

Guardian's Name and Phone _____

Additional Contact (optional) _____

Briefly explain why you are seeking psychotherapy now. _____

Describe parts of your life that you would like to see come into more harmony.

What would you like to accomplish in psychotherapy? _____

Describe your previous experience with psychotherapy. Describe reason for therapy, duration, and effectiveness. _____

Describe any physical problems. _____

Are you taking any prescribed medication? If so what is it? _____

Have you ever been hospitalized for any emotional reason? _____

Please describe your use of alcohol and /or non-prescribed drugs. _____

Is there anything else you would like me to know? _____

(Please use the space below and/or the back of this page as needed.)