

Kathleen Dunbar, MA, CHT, Licensed Marriage and Family Therapist #MFT 39880

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INTAKE QUESTIONNAIRE

Last Name: _____ First Name: _____ Middle Name: _____

Street Address: _____

City: _____ Zip Code: _____

Phone: _____ Date of birth: _____

Social Security Number: _____ Email address: _____

How did you hear about Kathleen? _____

Specify any medical or psychological treatment you are currently receiving: _____

Please list current medications, dosage and purpose: _____

Have you ever been hospitalized for a psychological issue? _____

Current alcohol and substance—kind, amount, frequency: _____

Past alcohol and substance issues: _____

Current health insurance coverage: _____

Who will pay for treatment? _____

Name and telephone of emergency contact: _____

Relationship to emergency contact: _____

Gender: _____ Preferred Pronoun: _____ Education Level: _____

Ethnicity: _____ Native Language: _____

Employer: _____ Job Title: _____

Relationship Status: Single ___ Partnered ___ Married ___ Children ___

Anything else you'd like me to know: _____
