

Arlene H. Johnson, M.S., LMFT
Licensed Marriage and Family Therapist
530 S. Buena Vista
Hemet, CA 92543
(951) 733-8743

CLIENT INFORMATION

NAME: _____ DATE OF BIRTH _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE#: HOME: _____ BUSINESS _____ SOCIAL SECURITY ____ - ____ - ____

OCCUPATION _____ EMPLOYER _____

EMPLOYER'S ADDRESS: _____

PERSONAL PHYSICIAN: _____ TELEPHONE # _____

MARITAL STATUS: Single ___ Divorced ___ Separated ___ Married ___ Widowed ___

DEPENDENTS (Names, ages, and sex) _____

How may I contact you, if necessary? If by telephone list # _____

How did you find out about the counseling center? _____

Have you had counseling in the past? ___yes ___no

If yes, when _____? Where _____?

SPOUSE'S NAME _____ DATE OF BIRTH: ___/ ___/ ____.

SOCIAL SECURITY #: ____ - ____ - ____ OCCUPATION: _____ EMPLOYER _____

EMPLOYER'S ADDRESS _____ TELEPHONE Contact#: _____

DEPENDENTS (Names, ages, and sex) _____

Have you had counseling in the past? ___yes ___no

If yes, when _____? Where _____?

What is the Problem that you would like help with? You may use back of this page if needed

SIGNED _____ DATE _____