Sara E. C. Evans, M.S., MFT – 777 E. Alosta Ave., Azusa, CA, 91702
(909) 580-0726 License # MFC45313

Personal Information

Name: ______________________________ Date: ____________________

Address: ______________________________ Home #: ____________________

City: ________________ State: _____ Zip: __________ Work #: ____________________

Age: _____Birth Date: ____/____/____ Sex: ____ Marital Status: S M D W Cell #: ____________________

Who lives with you? ______________________________

Education (highest grade completed)? ________________ Currently a student? ________________

Name of School & City: ______________________________

Your occupation: ________________ Employer Name: ________________

Spouse's occupation: ________________ Employer Name: ________________

Parent's Name (of Minor): ______________________________

Siblings Name & Age (of Minor): ______________________________

Emergency Contact: ______________________________

Name Relationship Phone #

Insurance Information

Insurance Company Name (If you would like to use it): ______________________________

Address: ________________City: ________________ State: ______ Zip: _________ Phone #: _________

Member/Certificate #: ______________Group#: __________Insured's Name: ________________

Insured's Date of Birth: ______________ Relation to Insured: Self Spouse Child SS#: ________________

Signature to allow my communication with your Insurance Company: ______________________________

Mental Health Issues

Please check the areas you want to work on or feel you may need help with:

self-awareness	legal/police	drinking	depression
marital	sexual	drugs	incest
family/parenting	emotional	financial	self-mutilation
suicidality	eating/weight	anxiety/stress	relationships
trauma	other (please describe): ________________		

____

How long do you intend to commit to therapy? ______________________________

Have you had previous psychological counseling? __________ Previous therapist: ________________

Location of previous therapy: ________________ Length: ________________

Are you currently taking medication: _______ What type? ______________________________

How did you hear about me? ______________________________

May I say who I am if I phone your home? _______ work? ________ cell? _________