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Please print. Leave blank any questions you prefer not to answer.

DATE \_\_\_\_\_  
NAME \_\_\_\_\_ PHONE # home \_\_\_\_\_  
ADDRESS \_\_\_\_\_ work \_\_\_\_\_  
\_\_\_\_\_ cell \_\_\_\_\_  
BIRTHDATE \_\_\_\_\_ SS# \_\_\_\_\_  
  
EDUCATION \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ JOB/SATISFACTION \_\_\_\_\_  
HEALTH INSURANCE \_\_\_\_\_ MEMBER ID# \_\_\_\_\_

RELATIONSHIP STATUS: single live-in married separated divorced widowed

PARTNER'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

CHILDREN (including step-children: his, hers, ours). List names and ages:

REFERRED BY \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
PREVIOUS THERAPY? \_\_\_\_\_ HOW LONG \_\_\_\_\_ WITH WHOM? \_\_\_\_\_  
POSITIVE? IF NOT, WHY NOT? \_\_\_\_\_  
GOALS FOR THERAPY \_\_\_\_\_

PREVIOUS OR PRESENT ILLNESSES \_\_\_\_\_

CURRENT MEDICATIONS (include anti-depressants) \_\_\_\_\_

CURRENT PHYSICIAN(S) \_\_\_\_\_

IN EMERGENCY CALL \_\_\_\_\_ PHONE # \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_