Viktoryia Biheza Ferretti **MSEd, LMFT**
Licensed Psychotherapist
305 735 1188
therapyjoy.us@gmail.com

Date: ____/_____/_________

Last Name: __________________________ Middle Initial: _____ First Name: _______________________

Address: ____________________________________City:_________________ST:_____Zip:___________

Phone: Home: ______________________________ Mobile: ____________________________________

Email: _____________________________________DOB:________________________ Age:___________

Status

Marital | Employment | Student

O Single
O Married
O Divorced
O Separated
O Partner

O Fulltime O Part time
O Not working
O Retired

O Fulltime
O Part time
O Not a student

Emergency contact Name: Last ___________________________First___________________________

Ph:____________________________________Relationship____________________________________

How were you referred to me? *(Thank you for taking the time to complete this!)*

O Friend O Internet

O Other Please explain: ____

Name of Medical Doctor:__________________________________Ph:___________________________

Have you been to therapy before? O Yes O No When: _____________ Duration _______________

With whom ____Was it helpful O yes O No

Are you taking medication? O Yes O No

Have you ever been hospitalized for mental health treatment? O Yes O No

Have you ever considered or attempted suicide? O No O Yes When__________________________

Reason for seeking therapy at this time____

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Other information you would like for me to know? ____

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Statement of Understanding

By signing below I acknowledge that all information given is accurate, I received a copy of the HIPAA Notice of Privacy Practices to read over and was given a chance to ask any questions about it.

________________________________	________________________________	____/____/______
Client Name (*Patient or Legal Guardian*)	Signature	Date
________________________________	________________________________	____/____/______
Client Name (*Patient or Legal Guardian*)	Signature	Date
Therapist	________________________________	____/____/______
Viktoryia Biheza Ferretti, LMFT	Signature	Date