

VICTORIA ZISKIN MA MFT
MARRIAGE & FAMILY THERAPIST
CA LICENSE #MFC 33277

2625 Wilson St
Eureka, CA 95503
Phone: (707) 442-2200

CLIENT INTAKE
(Please Print)

Name: _____	
Birth Date: _____	Age: _____
Address: _____	Gender Identification: _____
City/ZIP: _____	Marital Status: Single
Home/Cell Phone: _____ Y__ N__	Married
Work Phone : _____ Y__	Separated
N__	Divorced
Check if okay to leave messages at either/both numbers	Widowed
Email address: _____	
Check if okay to communicate via email Y__ N__	
Occupation: _____	
Employer: _____	

Name of person responsible for fees if different from above:

Name: _____
Address/City/Zip _____

Insurance Information: Please include copy of both sides of card

Insurance Carrier: _____
Insurance Carrier address: _____
Subscriber (if different): _____ Subscriber DOB: _____
Member ID: _____ Group: _____

By signing below, you agree to allow Precision Billing, Judy Judge and her associates to utilize the above information including service and diagnostic codes to bill your insurance carrier electronically.

The statements made herein are true and correct to the best of my knowledge and belief.

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Client's Signature

Date

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Primary reason(s) for seeking therapy at this time:

Have you previously seen a therapist?

Yes _____ No _____ Where? _____

Past therapy: _____ Approximate date(s) _____

Name(s) of prior therapist(s) _____

Anything you wish to share regarding prior therapy:

How did you hear about the therapist? _____

Were you referred by:

School _____; Doctor _____; Lawyer _____; Criminal Justice _____; Other Agency _____

Are you currently taking medication?

Yes _____ No _____ Prescribing Md(s) _____

Please list _____

Please list any/all health issues you are currently (or recently) concerned about and/or being treated for

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