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: Gender:

Address: Marital Status: Single

City/ZIP: Married

Home/Cell Phone:_____ Y__ N__ Separated

Work Phone : Y__ 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.

_____ _____

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
_____
_____
_____
_____
_____

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

_____ _____
Client's Signature Date