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**Client Information**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Cell phone \_\_\_\_\_ Is it ok to leave a voicemail? \_\_\_\_\_

Alternative phone \_\_\_\_\_ Is it ok to leave a voicemail? \_\_\_\_\_

E-mail \_\_\_\_\_

Age \_\_\_\_\_ Date of birth \_\_\_\_\_ Marital status \_\_\_\_\_

Occupation \_\_\_\_\_ Referred by \_\_\_\_\_

Names and ages of children: \_\_\_\_\_

Emergency contact information \_\_\_\_\_

How do you intend to pay for therapy? (cash, check, charge) \_\_\_\_\_

What concerns are you seeking therapy for? Please describe. \_\_\_\_\_

What goals do you hope to accomplish in therapy? \_\_\_\_\_

Do you have any particular concerns/fears with regards to therapy? \_\_\_\_\_

Medical and Psychological History:

Have you ever received medical or mental health treatment/counseling before? \_\_\_\_\_

When and for how long? \_\_\_\_\_

What was the focus of treatment/counseling?

\_\_\_\_\_

Name of treating physicians and/or therapist(s), address(es), telephone number(s)

\_\_\_\_\_

\_\_\_\_\_

Are you currently taking any prescription medications? \_\_\_\_\_

Prescribed by whom? \_\_\_\_\_

How long have you been on the medications? \_\_\_\_\_

Is there any other information you feel is important for me to know or would like to discuss?

\_\_\_\_\_

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