



Francine Lapidès, MFT
 Marriage and Family Therapist
 Adult, Couple and Family Counseling
 License MFC7414

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 474 Fall Creek Dr.
 Felton, CA 95018

Client Information Sheet

NAME: Last	First	Middle	Date of Birth	Age	Referral Source
ADDRESS: No. Street	City	State	Zip	Home Telephone	SS # Marital Status
EMPLOYER	Business Phone		Occupation	Family Income	
RESPONSIBLE PARTY	Telephone		Responsible Party Address:		
FAMILY PHYSICIAN:	Name:	Telephone	PRESENTING COMPLAINT(S):	Personal/Emotional	Stress/Burnout
			Relationship	Other	
PREVIOUS PSYCHOLOGICAL CARE:			Substance Abuse		

Family Members

Name	Age	Relation	Occupation	Name	Age	Relation	Occupation
1				5			
2				6			
3				7			
4				8			

Presenting Problems

Please list 3 or more issues that are bothering you, that are part of your reason for coming today, and that you would like to better understand and/or change.

1. _____
2. _____
3. _____