

JEFF COHEN, MFT

INTEGRATIVE MIND/BODY PSYCHOTHERAPY

1-510-548-4940 ▪ jeffcohenmft@gmail.com

Name: _____ Referral source: _____

Date of birth / place: _____ Age: _____

Home phone: _____ Messages OK? _____

Work phone: _____ Messages OK? _____

Cell phone: _____ Messages OK? _____

Email: _____

Address: _____

Occupation: _____ Employer: _____

Marital status: _____ How long? _____

Are you currently in a relationship? _____ How long? _____

Living situation: _____

Spouse/partner's first name: _____ Age: _____ Occupation: _____

Past significant relationships or marriages (name, when and for how long):

Children / Stepchildren / Grandchildren (names and ages, please indicate adoptions):

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Parents / Stepparents (name, age or year/cause of death, occupation, state of residence):

Father: _____

Mother: _____

Stepparents: _____

If your parents divorced, what was your age at the time? _____

Where and with whom did you live from birth to 18:

Siblings (name, age or year/cause of death; indicate half & step siblings):

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Please list 5 or 6 words or short phrases to describe your mother:

Please list 5 or 6 words or short phrases to describe your father:

If you lived with stepparents before age 18, briefly describe them as well:

Major medical problems, surgeries, accidents, illnesses, etc.:

Current & past psychiatric medications, and approximate dates used:

Current & past use of alcohol and recreational drugs (please list what you use, how much and how often. Include AA, NA or treatment programs):

Family history of alcoholism, mental illness or violence (please include suicide, depression, hospitalization for mental illness, abuse, etc.):

Have you ever felt suicidal? _____ If yes, how persistently or frequently: _____

Have you ever made a suicide attempt? _____ If yes, when: _____

Spiritual orientation or practice, if any:

Previous therapy (therapists, approximate dates of treatment, individual or couples):

Generally what was your experience of therapy? Was there anything that was particularly helpful or not helpful?
