

James Guay, MFT

www.jamestherapy.com

Personal Information

Name: _____ **Birthdate:** _____ **Age:** _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Email:** _____

Living with: _____

Relationship Status & Name(s): _____

Names & Ages of Children: _____

Preferred means of contact by therapist: Home # Work # Cell # Email Other _____

Sexual Orientation: Lesbian Gay Bisexual Queer Straight Pansexual Other _____

Gender Identity: Female Male Transgender Gender Queer Other _____

Referred by: Gaylesta Google Search: _____ Internet: _____

Someone I Know: _____ Other: _____

Ethnic/Cultural Background: _____

Occupation: _____

Emergency Contact: _____

(name, phone number)

Primary Care Physician: _____

(name, phone number)

Psychiatrist: _____

(name, phone number)

Have you had previous therapy or counseling? If so, where, how long, and how was the experience(s)?

What has brought you to consider therapy? Do you have any specific goals for therapy?

What are you looking for in a therapist?

Confidential