GITA MORENA, Ph.D., MFT
MFT LIC#6722
www.gitamorena.com
gitam@mac.com

2201 20th Street #2
Santa Monica, CA 90405
619-302-0619

REGISTRATION

Date _____Referred by _____

Name _____

Address _____

_____

Home Phone _____ Work Phone _____

Cell Phone _____ email _____

Date of Birth _____

Occupation _____ Employer _____

Emergency Contact _____

Phone _____

Referred by _____

Reason for your visit _____

_____

_____

_____

Level of Distress

Mild_____Severe___

MEDICAL INFORMATION

Primary Care Physician _____ Phone _____

Psychiatrist _____ Phone _____

Current Medications

Past medical conditions

Current medical concerns

Allergies

General physical health is Excellent Good Fair Poor

Past psychotherapy experiences (Reasons for treatment, length of treatment, helpfulness for you)

BACKGROUND INFORMATION

Please respond about each of these areas

Parents Background (Culture/Religion/Significant events/Substance abuse)

Siblings (Names/Ages/Significant events/Substance abuse)

Past Significant Relationships

Current Significant Relationships

Children (Names/Ages/Significant events/Substance abuse)

Current Living Situation

Significant past events_

The best time of your life

Current emotional support

Current spiritual preference