

**Marnee Reiley, M.A.**  
**Licensed Marriage and Family Therapist (CA Lic. #83021)**  
**949-648-7991**  
**17682 Mitchell N., Suite 104, Irvine, CA, 92614**

**NEW CLIENT ASSESSMENT**

**Today's date:** \_\_\_\_\_

**Preferred Name:** \_\_\_\_\_ **Preferred Pronouns:** \_\_\_\_\_

**Legal Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**How were you referred?** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**May I contact you at Home by Mail? Y N By Phone? Y N By Email? Y N**

**Contact in Emergency Situation:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_ **Relationship to you:** \_\_\_\_\_

**Your occupation:** \_\_\_\_\_ **Employer/School/Other:** \_\_\_\_\_

**Relationship Status: (circle) Single Married Separated Divorced Widowed Partnered**

**In a civil union Co-habiting Other:** \_\_\_\_\_

**Partner's name:** \_\_\_\_\_ **Partner's Employer:** \_\_\_\_\_

**Your Insurance Provider:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_ **Group #:** \_\_\_\_\_

**What brings you to counseling?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL HISTORY**

**Primary Care Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Currently under a medical physician's care? YES/NO**

If YES, please describe current medical condition/s: \_\_\_\_\_

**Medications currently used: circle if NONE**

<b>Medication</b>	<b>Dosage</b>	<b>Dr. Prescribing</b>	<b>Why Prescribed</b>
_____	_____	_____	_____
_____	_____	_____	_____

**Past Hospitalizations (i.e., medical, psychiatric, chemical dependency):** NONE

<b>Date/s</b>	<b>Reasons</b>	<b>Hospital</b>
_____	_____	_____
_____	_____	_____

**Previous Counseling Services:**

<b>Facility/Therapist's Name</b>	<b>Date of Service</b>	<b>Reason for Treatment</b>	<b>Helpful (Y/N)</b>
_____	_____	_____	_____
_____	_____	_____	_____

**PERSONAL QUESTIONS**

Do you currently feel suicidal (i.e., have thoughts of harming yourself in any way)? Y N

If yes, please describe your feelings/intent: \_\_\_\_\_

Have you been suicidal in the past? Y N

Have you ever attempted suicide or to seriously harm yourself? Y N

Do you currently have the intent to harm, seriously hurt, or kill another individual? Y N

Have you ever seriously harmed, purposefully, another individual? Y N

Do you feel safe in your current relationship? Y N

If you drink, are your drinking habits negatively impacting your life? Y N

If yes, please describe: \_\_\_\_\_

Do you ever use illegal drugs? Y N

If yes, please list/describe illegal drugs you currently use: \_\_\_\_\_

Do you ever take prescription medication in a way that is not advised? Y N

If yes, please describe: \_\_\_\_\_