

Carol Cochrane Bass, M.A., L.M.F.T.
Santa Cruz Family Therapy, PC

841 Cedar Street, Santa Cruz, CA 95060
621 East Campbell Avenue, #17, Campbell, CA 95008
MFC# 43343 www.santacruzfamilytherapy.com
Phone: 831.425.2277 Fax 831.536.1090

ASSESSMENT FORM

Date _____ Fee _____

Client name(s) _____ Birthdate(s) _____

Address _____

Home Phone _____ Work _____ Cell _____

Email Address _____

Previous Psychotherapy: include dates, provider names, phone numbers, reason, results, etc.

Psychiatric history: Include hospitalizations, reasons, psychiatrist names, medications, diagnoses.

Medical information: Include date of last exam, medications, and current medical conditions.

Medical providers and/or referring physician's name and number:

Presenting Problem:

Family history: patterns, rules, etc.

Drug, Alcohol, Food history:

Abuse history: physical, sexual, emotional, substance. . .

Other: