

**Richard Brousell, MFT, MAC, LPCMH**  
**FAMILY DATA FORM**

CLIENT'S NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_

HOME PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

ADDRESS (street) \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ Zip code \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

**MARITAL HISTORY:**

CURRENT STATUS: SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_

SEPARATED—DATE \_\_\_\_\_

DIVORCED—DATE \_\_\_\_\_

WIDOWED—DATE \_\_\_\_\_

PAST MARRIAGE(S) DATES \_\_\_\_\_ DATES \_\_\_\_\_

SPOUSES NAME OR SIGNIFICANT OTHER \_\_\_\_\_

ADDRESS (IF DIFFERENT) \_\_\_\_\_

PHONE \_\_\_\_\_ SS#(if insured party) \_\_\_\_\_

EMPLOYER \_\_\_\_\_

**OTHER FAMILY MEMBERS IN THE HOME**

NAME	AGE	RELATION
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_____	_____	_____
_____	_____	_____
_____	_____	_____

**SIGNIFICANT OTHERS OUTSIDE THE HOME**

NAME	AGE	RELATION
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_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATIONAL HISTORY

HIGHEST LEVEL COMPLETED \_\_\_\_\_

LAST SCHOOL ATTENDED \_\_\_\_\_

MEDICAL STATUS:

ACUTE CONDITIONS \_\_\_\_\_

CHRONIC CONDITIONS \_\_\_\_\_

MEDICATIONS TAKEN:

    PRESCRIBED \_\_\_\_\_

        BY WHOM \_\_\_\_\_

        PHONE \_\_\_\_\_

    NON-PRESCRIBED (OVER THE COUNTER MEDS OR HERBAL PRODUCTS) \_\_\_\_\_

OTHER THERAPIES: CURRENT \_\_\_\_\_

                    PAST \_\_\_\_\_

TOBACCO USE: YES \_\_\_ NO \_\_\_ ; FREQUENCY AND AMOUNT \_\_\_\_\_

DRUG/ALCOHOL USE \_\_\_\_\_

LEGAL PROBLEMS \_\_\_\_\_

PRIMARY GOALS OF

THERAPY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW WERE YOU REFERRED TO THIS PRACTICE:

Word of mouth \_\_\_\_\_

internet \_\_\_ [Psychology Today \_\_\_], [Your Tango \_\_\_], [other site \_\_\_]

family doctor or other professional \_\_\_\_\_

other \_\_\_\_\_

INSURANCE INFORMATION: Company \_\_\_\_\_

Member ID \_\_\_\_\_ Group# \_\_\_\_\_ Telephone # \_\_\_\_\_

\_\_\_\_\_  
PATIENT'S SIGNATURE

\_\_\_\_\_  
DATE