

Claribel Rosado, LMFT LLC
580 Naugatuck Ave, Milford CT 06461

(203) 343-2460(T)
(203) 283-7714 (F)

Family's Information Form (p. 1 of 3).

Today's Date: _____

Note: If you have been a client here before, please fill in only the information that has changed.

A. Identification

Your Name: _____ Date of Birth: _____ Age: _____

Nicknames or Aliases: _____

Home Street Address: _____ Apt.: _____

City: State: Zip: _____

Phone Numbers: _____ (H) _____ (C) _____

Preferred Contact Number _____

W _____ E-mail: _____

Spouse's Name: _____ Date of Birth: _____ Age: _____

Nicknames or Aliases: _____

Home Street Address: (if different) _____ Apt.: _____

City: State: Zip: _____

Phone Numbers: _____ (C) _____ W _____

Preferred contact: E-mail _____

Date of Marriage _____ Length of Marriage _____

B. Referral: Who referred you to me?

www.theravive.com/ Yes _____ No _____

Other: Name: _____ Phone: _____

Address: _____

May I have your permission to thank this person for the referral?

Yes _____ No _____

Claribel Rosado, LMFT LLC
580 Naugatuck Ave, Milford CT 06461

(203) 343-2460(T)
(203) 283-7714 (F)

Family's Information Form (p. 2 of 3).

C. Your Medical Care: From whom or where do you get your medical care?

Clinic/Doctor's name: _____ Phone: _____

Address: _____

If you enter treatment with me for psychological problems. May I share with your medical doctor so that he or she can be fully informed and we can coordinate your treatment? Yes ___ No _____

Spouse's Clinic/Doctor's Name: _____

Phone: _____

Address: _____

If you enter treatment with me for psychological problems, may I tell your medical doctor so that he o she can be fully informed and we can coordinate your treatment? Yes ___ No _____

D. Your Current Employer

Employer Name and Address: _____

Spouse's Employer Name and Address _____

E. Your Education and Training

Your highest level of education: _____

Spouse's highest level of education _____

F. Military Experience

Self _____ Self _____ Spouse _____

Dates: From _____ To: _____

Branch of service: _____ Job title or duties: _____

Reason for leaving: _____

Spouse _____

Dates: From _____ To: _____

Branch of service: _____ Job title or duties: _____

Reason for leaving. _____

Family's Information Form (p.3 of 3)

G. Family-of-Origin History

Is your father still alive? Yes ___ No. ___ If no, cause of death _____
Is your mother still alive: Yes _____ No. _____ It no, cause of death _____
Do you have siblings? Yes _____ No _____ If yes, how many? _____ What position are you? _____

Spouse

Is your father still alive? Yes _____ No. _____ If no, cause of death _____
Is your mother still alive: Yes _____ No _____ If no, cause of death _____
Do you have siblings? Yes _____ No. _____ If yes, how many? _____ What position are you? _____

H. Children

Indicate which is/are from a previous marriage or relationship with the letter P and from whom (self or spouse) in the last column

Name	Age	Sex	From this or previous Relationship

THIS IS STRICTLY CONFIDENTIAL RECORD. Re-disclosure or transfer is expressly prohibited by law.