

# Danielle Reddel, M.S.

Licensed Marriage and Family Therapist  
License # LMFT46234

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## Client Information

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell Phone \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone: \_\_\_\_\_

Educational Level: (Please circle highest level achieved)

Some High School / High School diploma / GED / Some College / Bachelors / Masters / Doctorate

Marital Status: Single / In Relationship / Married / Separated / Divorced

Children: (Name and Age) \_\_\_\_\_

Prior mental health treatment: ( Yes / No )

When and for how long? \_\_\_\_\_

Current Medications & dose: \_\_\_\_\_

Cigarettes: Yes / No / Past Use / Never Number of cigarettes per day: \_\_\_\_\_

Recreational drugs: Yes / No Type: \_\_\_\_\_

Alcoholic drinks: Yes / No Number of drinks per week: \_\_\_\_\_

Please briefly describe the reason for seeking therapy: \_\_\_\_\_

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

Do you have any specific goals you would like to achieve by attending therapy?

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

Referred By: \_\_\_\_\_