

# Christopher Jones, M.A., LMFT

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Name:	_____	Date:	_____
Home phone:	_____	Work Phone:	_____
Email:	_____	Marital Status:	_____
Date of Birth:	_____	Age:	_____
Address:	_____	State/Zip:	_____
City:	_____	Education Level:	_____
Occupation:	_____	Referred By:	_____

## Areas of Concern

What issues/concerns cause you to seek treatment? Please describe.

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Do you have any specific goals with regard to your treatment? Please describe.

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Do you have any specific concerns/fears with regard to treatment? Please describe.

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## Psychological History

Have you ever received mental health treatment before? \_\_\_\_\_

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

What was the focus of treatment? \_\_\_\_\_

Name of treating therapist(s), address(es), phone number(s):

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List any prescription medications you are currently taking and their purpose:

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Have you ever attempted suicide? \_\_\_\_\_ If so, please describe date and circumstances.

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Are you currently having any suicidal thoughts? If so, please describe.

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Have you ever been a victim of a violent crime? Please describe:

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### **Medical History**

Have you ever been diagnosed with a serious illness? Please describe:

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Please describe your overall health today.

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Are you experiencing any medical/physical symptoms you attribute to mental, emotional, or stress-related conditions? Please describe.

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Do you smoke? \_\_\_\_\_ How much? \_\_\_\_\_ For how long? \_\_\_\_\_

Do you drink alcohol? \_\_\_\_\_ How much do you consume weekly (average)? \_\_\_\_\_

Do you currently use illegal drugs? Please describe your usage:

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Have you ever been in a 12-step program? Please describe.

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**Family of Origin History**

Mother's name, age, living/deceased, description of relationship with mother:

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Father's name, age, living/deceased, description of relationship with father:

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Names and ages of siblings and a brief description of relationship with each:

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List names and ages of spouse/partner and children and a brief description of relationship with each:

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**Other Information**

Please describe your spiritual identity/orientation.

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Please describe your interests/hobbies:

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Are you now or have you ever been involved in a lawsuit? \_\_\_\_\_ If so, please describe:

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Please include any other information that you believe is relevant to your treatment, not previously requested:

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