

**Janeen Smith MFT, LPCC
3882 – 24th St.
San Francisco, CA 94114
415-263-6783**

CLIENT INFORMATION

Name: _____ Preferred Pronoun: _____ Date: _____

Home Address: _____ City: _____ Zip: _____

Mailing Address (if different): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Living Situation: _____

Partner/Spouse name and number if applicable: _____

Person and number to call in an EMERGENCY: _____

Hospital and number to call in an EMERGENCY: _____

Referred by: _____

MEDICAL INFORMATION

Medical Doctor: _____ Phone Number: _____ Last Visit: _____

Current Medications: _____

Past / Present Medical Conditions: _____

PRESENTING PROBLEM

I agree to the practice policies including the Covid Office Policy that Janeen and I have discussed.

Notice to Clients: The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of marriage and family therapists and licensed clinical counselors. You may contact the Board on line at www.bbs.ca.gov or by calling (916) 574-7830.

Signature: _____ Date: _____