LINDSEY ANTIN M.A.
SOLUTION-FOCUSED COUNSELING
BERKELEY, CALIFORNIA

# PERSONAL INFORMATION FORM

Name: Date:

Address: Email:

Home phone: Cell phone:

Birthdate: Age:

Married? If yes, when? Name and # of Partner:

Divorced? If yes, when?

Who lives in your home and how long in current living situation/location:

Ages of children, if you have them:

Employer:

How long employed at this place of employment:

Physician name and number:

Date of last physical:

Current medications, vitamins, supplements, or substances:

Please list any current physical health concerns:

School you are currently attending and degree sought, or last school attended and graduation date, if applicable:

If you've been in counseling before, please list therapist and dates of therapy:

How did you find my practice? Any specific details are helpful. Thanks!

**Please list two people I could contact if necessary for your support and safety:**

Name, Number, Relationship to you:

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