

Carol Cochrane Bass, M.A., L.M.F.T.
Santa Cruz Family Therapy, PC

1840 41st Avenue, Suite 102 - Box 281, Capitola, CA 95010
MFC# 43343

santacruzfamilytherapy.com
Email carolcochranebass@gmail.com
Phone: 831.425.2277

ASSESSMENT FORM

Date _____ Fee _____

Client name(s) _____ Birthdate(s) _____

Address _____

Home Phone _____ Work _____ Cell _____

Email Address _____

Previous Psychotherapy: include dates, provider names, phone numbers, reason, results, etc.

Psychiatric history: Include hospitalizations, reasons, psychiatrist names, medications, diagnoses.

Medical information: Include date of last exam, medications, and current medical conditions.

Medical providers and/or referring physician's name and number:

Presenting Problem:

Family history: patterns, rules, etc.

Drug, Alcohol, Food history:

Abuse history: physical, sexual, emotional, substance. . .

Other: