

# Joshua Cross

California State Marriage and Family Therapist License MFT 46629

1231 Market St. Suite 810 San Francisco, CA 94103  
(415) 722.4699

joshuacmft@gmail.com  
www.joshuacmft.com

## Client Information

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name or Initial: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Is it O.K. to leave a confidential message here? Y N

Home Phone Number: \_\_\_\_\_ Is it O.K. to leave a confidential message here? Y N

Work Phone Number: \_\_\_\_\_ Is it O.K. to leave a confidential message here? Y N

Email Address (if you would like me to have it): \_\_\_\_\_

Do I have your permission to email you at above address? (Please note that standard email communication, by its nature, is not confidential.) Y N

Do I have your permission to text you? ? (Please note that standard text communication, by its nature, is also not confidential.) Y N

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

Relationship Status: \_\_\_\_\_

Living Situation: alone with spouse/partner with room/housemates with family other

Do you have children or dependents? (Please list names and ages.) \_\_\_\_\_

Emergency Contact Name(s): \_\_\_\_\_

Number(s): \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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## Brief Medical Information

Primary Care Physician's Name: \_\_\_\_\_ Number: \_\_\_\_\_

Are you currently working with another therapist? Y N

If yes, Therapist's Name: \_\_\_\_\_ Number: \_\_\_\_\_

Current Medical Conditions:

Prescribed Medications/dosages:

Diabetes? Y N

Heart problems? Y N

Epilepsy? Y N

Any difficulties with sleep (too much/too little, problems falling or staying asleep, nightmares, Etc . . .)?

\_\_\_\_\_

Any difficulties with food or your weight (over/under-eating, significant weight gain/loss, too much sugar, Etc . . .)? \_\_\_\_\_

Do you use?

Alcohol Y N Kind and amount? \_\_\_\_\_

Tobacco Y N Kind and amount? \_\_\_\_\_

Caffeine Y N Kind and amount? \_\_\_\_\_

Recreational drugs Y N Kind and amount? \_\_\_\_\_

Do you exercise? Y N Kind and amount? \_\_\_\_\_

Do you participate in spiritual practices? Please describe:

And finally, how did you hear about me? \_\_\_\_\_