

Lori J. Collins, M.S., MFT  
617 Veterans Blvd., Suite 206  
Redwood City, CA 94063  
PH. (650) 366-6800

**I. PERSONAL INFORMATION:**

Date \_\_\_\_\_

_____ / _____ / _____ / _____ / _____ / _____					
Last Name	First Name	M.I.	Date of Birth	Age	Marital Status
_____ / _____ / _____ / ( ) _____					
Address	City	Zip Code			Home Phone
_____ / _____ / ( ) _____					
Occupation	Where employed				Work Phone
_____ / ( ) _____					
Email					Cell Phone
_____ / _____ / _____					
Physician's Name	Present Medications (if any)				Last Complete Exam

Would you like a monthly statement sent to the above address? Yes / No (Please circle one)

How did you hear about my services? \_\_\_\_\_

May I thank the referral source? Yes / No (Please circle one)

**II. SPOUSE / PARTNER / PARENT INFORMATION:**

_____ / _____ / _____ / _____ / _____ / _____					
Last Name	First Name	M.I.	Date of Birth	Age	Length of Rela.
_____ / _____ / _____ / ( ) _____					
Address (if different than above)	City	Zip Code			Home Phone
_____ / _____ / ( ) _____					
Occupation	Where employed				Work Phone
_____ / ( ) _____					
Email					Cell Phone

**III. CHILDREN:**

_____ / _____ / _____ / _____				
Name	Sex	Age	Grade	School
_____ / _____ / _____ / _____				
Name	Sex	Age	Grade	School
_____ / _____ / _____ / _____				
Name	Sex	Age	Grade	School