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### General Information

Name: \_\_\_\_\_ Today's date: \_\_\_\_\_

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

Phone: home (\_\_\_\_) \_\_\_\_\_ work/cell (\_\_\_\_) \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M\_\_\_ F\_\_\_

E-mail address: \_\_\_\_\_ Marital/significant partner status: \_\_\_\_\_

Education background: \_\_\_\_\_ Learning disabilities: \_\_\_\_\_

Emergency contact: name/relationship \_\_\_\_\_ phone: \_\_\_\_\_

### Family Information

	Name	Living?	Age	Marital status	Educational background/ occupation	Sig. illness, addictions	Other sig. issues
Father							
Mother							
Children							
Siblings							
Step-parents							
Grandparents							
Closest friends							
Other sig. people							