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Health and Medical Information

Are you currently being treated by a medical practitioner? ____ Yes ____ No

If yes, for what purpose?

Date of your last complete physical: _____

Do you have any chronic medical or physical conditions? ____ Yes ____ No

If yes, what are they and how do they affect you?

Please list all the prescription and non-prescription medications you are currently taking:

Other Information

What is your current living situation? (e.g., living alone, with parents, roommates, partner/spouse, children, pets, etc.)

What prior experience do you have with counseling or psychotherapy?

What other information would be of value to me in helping you?

What specifically would you like to accomplish in working with me?

Client name: _____