

Gina Borelli Moore, MA, MFT

Licensed Marriage & Family Therapist

Initial Interview Form

Name _____ Date of birth _____

Email address _____ Age _____

Phone: Home _____ Cell _____

Address _____ City _____ Zip _____

School attending/employed at _____ Grade _____

Relationship status _____ Partner's name _____

Name, ages & relationship of others living in home _____

Referred by _____ Relationship _____

Current physician _____ phone _____

Current health concerns/illnesses _____

Current prescribed medications _____

Have you been in therapy before? Yes No

When/how long? _____ With who? _____

Person to contact in case of emergency _____

Address _____ Phone _____

Insurance carrier _____ Name of insured _____

Policy # _____ Group # _____ ID # _____