

LINDA E. CARLOS, LMFT

Individual Psychotherapy
Marriage & Family Counseling

Elk Grove & Gold River



Please fill out the following intake information as completely as possible.

Thank you.

Elk Grove ____ Gold River ____ Date: _____

Client: _____ Parent/Spouse Name: _____

Birth date: _____ Age: _____ Birth date: _____ Age: _____

Single Married Date _____ Divorced Date _____ Widowed Date _____

Address: _____ City: _____ Zip: _____

E-mail: _____

Cell/Home Phone: _____ Work Phone: _____

Employer: _____ Spouse's Employer: _____

Children: Full Name Age Living at home? (Y/N)

1. _____

2. _____

3. _____

Emergency Contact (Name/Phone): _____

How did you find me? Were you referred to me?

Previous Counseling: (Who? When? How long? Outcome?)

If you attend church: Name: _____ Pastor: _____

Doctor: _____ Phone: _____

Medical Problems: _____

Current Medications: _____ Amounts: _____

_____ Amounts: _____

_____ Amounts: _____

Any side effects/reactions: _____

Reason for Seeking Counseling: _____

Elk Grove Office:

8841 Williamson Drive, Ste 40

Elk Grove, CA 95624

916.685.5258

Gold River Office:

11344 Coloma Rd # 250

Gold River, CA 95670