

RECTOR

PSYCHOTHERAPY SERVICES

CARY RECTOR, M.S., LMHC

TONJA S RECTOR, M.A., LMFT

LICENSED MENTAL HEALTH COUNSELOR

LICENSED MARRIAGE AND FAMILY THERAPIST

INTAKE INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Phone: home _____ cell _____ work _____

Email address: _____

Date of birth: _____ Social Security Number: _____

Referral agency/individual: _____

Family/household members (Spouse, children, etc.)

Name	Age	Grade/Occupation	Relationship

Presenting problem(s): (state in your own words the reasons for which you are requesting help)

Medications: _____

Prescribing physician: _____