

**CLIENT INFORMATION FORM/FORMER MEMBER**

**Colleen Russell, LMFT, CGP**

**Licensed Marriage and Family Therapist (MFC29249); Certified Group Psychotherapist (41715)  
Marin County, San Francisco Bay Area, California**

**Email: [crussell@colleenrussellmft.com](mailto:crussell@colleenrussellmft.com); Website: [www.colleenrussellmft.com](http://www.colleenrussellmft.com)**

**Phone: 415-785-3513**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City, State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone: (H) : \_\_\_\_\_ (W): \_\_\_\_\_ (Cell): \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Person Name, Relationship, Number to Call:

\_\_\_\_\_

Referred By: \_\_\_\_\_

Previous/Current Psychotherapy or Counseling From: 1) \_\_\_\_\_ To: \_\_\_\_\_ Therapist(s) Name(s):  
2) \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_ Did you have a positive experience with your therapist?

\_\_\_\_\_

Medical Information: ( Past and Current Medications and dosages, Conditions):

\_\_\_\_\_

\_\_\_\_\_

Single \_\_\_\_\_ Married/When? \_\_\_\_\_ Partnership/When? \_\_\_\_\_ Divorced /When? \_\_\_\_\_

Bereaved/When? \_\_\_\_\_

Children?/Age(s) \_\_\_\_\_

\_\_\_\_\_

How Long in Current Relationship? \_\_\_\_\_ Partner's Name: \_\_\_\_\_

In which cult or high demand group were you involved?

Name(s)(1) \_\_\_\_\_

\_\_\_\_\_

(2) \_\_\_\_\_

How old were you when you joined? \_\_\_\_\_ How long were you involved? \_\_\_\_\_

\_\_\_\_\_ When did you leave? \_\_\_\_\_

Occupation and Position or Current Enrollment in School:

Current \_\_\_\_\_

Past/Year (s) \_\_\_\_\_

Highest Education: \_\_\_\_\_ Degree: \_\_\_\_\_ Subject: \_\_\_\_\_

Self-Pay Agreement and Super Bill: You attest that you understand Colleen Russell, LMFT, CGP is private pay. She has opted out of insurance provider panels so she may spend more time with clients. You can request a super bill so you can submit it to your insurance for any possible coverage. Payment is due at the time of or

prior to services through cash, check, or credit card. Payment made on Colleen Russell's website can be by PayPal or credit card. Yes, I attest: \_\_\_\_\_ (Initials)

Fee: We have agreed on a fee of \$195.00 Individual Session or Consultation; \$50 or \$70 Group or Workshop:

---

What brings you to therapy now?

---

---

---

---

What are your goals?

---

---

---

---

What are your strengths and accomplishments?

---

---

---

---

Signature : Client

Print: Client's Name

Date : \_\_\_\_\_