**Rebecca Picard, LMFT**

**Psychotherapist**

**45121 Ukiah Street, Suite C**

**Mendocino, CA 95460**

**707.357.8688**

**Brief Intake**

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

What do you hope will change as a result of therapy?

Do you drink alcohol?

How much/often?

Use recreational drugs?

How much/often?

Do you take any prescribed medications? (If yes, please list)

Any other physical or mental condition that you believe may affect your ability to participate in therapy?