

Mallory Hepp, LCSW
Licensed Clinical Social Worker, LCSW 71295
5535 Balboa Blvd. Suite 206 Encino, CA 91316

Name: _____ Address: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____ Email: _____
Date of Birth: _____

What brings you to seek therapy at this time?

Please list any medical conditions and whether or not they are current (please also note any medications you currently take) _____

Please describe your involvement with psychotherapy (including anything related to mental health, counseling and/or psychiatry): _____

Please describe your involvement with substance use (alcohol, marijuana, speed, etc.): _____

Please describe your involvement with the legal system: _____

Please briefly describe your close relationships, including your family of origin: _____

What is your work background and current occupation? _____

Please describe your cultural affiliations (including ethnicity, religion, gender, languages you speak, sexual orientation, roles you play **in** society, your attitudes toward all of these and instances of discrimination on account of any of the above): _____

Please describe your educational history: _____

What are your goals **in** therapy? _____

What resources/strengths do you bring with you? _____

Who referred you to me? (I will NOT contact this person.) _____

Other comments you may have: _____
