

**Janetti Marotta, Ph.D.**  
 Licensed Psychologist # PSY9839  
 1655 Stanford Ave. Palo Alto, CA 94306  
 (650)494-2347  
[janetti@janettimarotta.com](mailto:janetti@janettimarotta.com) [www.janettimarotta.com](http://www.janettimarotta.com)

**Biographical Information – Intake Form**

Please fill out this biographical background form as completely as you're comfortable. It will help me in our work together. Please write clearly and bring it with you to the first session.

Name	
Male/Female	
Date	
Date of birth / Place	
Age	
Address	
Telephone	
Email address	
Highest grade/degree	
Type of degree	
Person and phone # to call in emergency	
Referral source	
Occupation (former, if retired)	
Reason for seeking counseling	
How stressful is your situation? (Mild, Moderate, Severe, Very Severe)	
Single or married?	
If married or in relationship, how long have you been together? How would you describe your relationship? Have you been previously married, and if so, how long?	
Present spouse/partner – name, education, occupation	

Children/step-children (name, age, brief statement about your relationship)	
Father (name, age or year and cause of death, occupation, personality, brief statement about your relationship)	
Mother (name, age or year and cause of death, occupation, personality, brief statement about your relationship)	
Step-parent (name, age or year and cause of death, occupation, personality, brief statement about your relationship)	
Siblings (name, age or year and cause of death, occupation, personality, brief statement about your relationship)	
Medical doctor or clinic	
Past/present medical history (major medical problems, surgeries, accidents)	

Medication you are presently taking and reason	
Past/present addiction or compulsion problems i.e. drug/alcohol/eating/gambling and treatment	
Suicide attempt or violent behavior (age, circumstance, means)	
Family medical history	
Support system (family, friends, religion/spirituality, counselor) and coping strategies	
Past/present psychotherapy (time period, estimated number of sessions, therapist, reason for seeking therapy, helpfulness)	
Describe your childhood in general (home, school, significant relationships, events, or issues)	
If parents divorced, how old were you, and how did it affect you?	

Family history of alcoholism, mental illness, or violence	
What gives you the most joy or pleasure in your life?	
What are your main worries and fears?	
What are your most important hopes and dreams?	
Please add any other information you would like me to know about you and your situation	