CARL MOJTA, LMFT, LLC
Licensed Marriage & Family Therapist (DC#: LMFT000169)
Licensed Marriage & Family Therapist (VA#: 0717001428)
Licensed Clinical Marriage & Family Therapist (MD#: LCM790)
Certified Addiction Counselor I (DC#: CACI1137)

PLEASE PRINT NEATLY
Couples and Families: Each person needs to complete this form.

Name:_____ Date:_____

Home Street Address:_____

City:_____ State:_____ Zip Code:_____

Cell:_____ (May I leave a voice message on this number?)__Yes___No

Home:_____ (May I leave a voice message on this number?)__Yes___No

Email:_____

Occupation:_____

Age:_____ **Date of Birth:**_____

How did you hear about me?_____

*If by an internet search, what key word(s) did you use?*_____

If you are in a current relationship, on a scale of 1 -10 (10 being the best), how would you rate your relationship?_____

Emergency Contact Person:_____

Phone number_____

Relationship to you_____

Are you currently seeing another therapist or psychiatrist? Yes_____ No_____
Name(s)_____
If yes, please complete a Release of Information form and we will discuss if it would be helpful to coordinate treatment.

MEDICATION	PURPOSE	PRESCRIBED BY WHOM