

CARL MOJTA, LMFT, LLC

**Licensed Marriage & Family Therapist (DC: LMFT000169)
Licensed Marriage & Family Therapist (VA: 0717001428)
Licensed Clinical Marriage & Family Therapist (MD: LCM790)
Licensed Marriage & Family Therapist (NC: 1525)
Licensed Marriage & Family Therapist (FL: TPMF 404/telehealth only)
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