

Client Information Form

Vanita Kunert, LMFT
3150 18th St (at Treat), Unit 401, San Francisco, CA 94110
vanitakunert@gmail.com
415.297.9044

Name: _____ Dob: _____

Address: _____

Cell Phone: _____

OK to text? yes _____ no _____

OK to use email for communication: yes _____ no _____ if yes, write email

Emergency contact: _____ cell phone: _____

Marital status: single __ domestic partners __ married __ Divorced __
Separated __ Widowed __

Company; _____ Job Title: _____

Have you been in counseling before? yes _____ no _____

Do you have significant medical problems? yes _____ no _____

Are you currently taking any medication for mental health treatment?
yes _____ no _____ List: _____

How often do you use alcohol? Never __ Once/ month __ 2+ week __
daily __

How often do you use cannabis? Never __ Once/month __ 2+ week __
daily __

Is there anything else I should know about you?
