

**ANDREA KEITH, LMFT, CEAP**

Psychotherapy and EAP Programs

*Quality by Design*

3101 Pacific Coast Highway, Suite #407  
Newport Beach, CA 92663  
*Mailing address*  
Post Office Box 53454  
Irvine, CA 92619  
[akeithmft@gmail.com](mailto:akeithmft@gmail.com)

*Licensed Marriage and Family Therapist #MFC45708*  
*Certified Employee Assistance Professional (CEAP)*  
*Certified State Domestic Violence Victim-Survivor Advocate*  
*Certified Anger Management Facilitator (CAMF)*  
*Probation-Approved Facilitator for Court-Ordered Batterer Intervention Groups*  
*Certified in Grief, Loss, and Bereavement*

University Tower Building  
4199 Campus Drive, Suite #275  
Irvine, CA 92612  
[www.time4therapy.com](http://www.time4therapy.com)  
[www.pet-loss-therapy.com](http://www.pet-loss-therapy.com)

**949.650.2442**

**Please Print :** Today's Date: \_\_\_\_\_ By whom were you referred? \_\_\_\_\_ website? \_\_\_\_\_

Name: \_\_\_\_\_ S/S#: \_\_\_\_\_ (last four digits of Social Sec. only) \_\_\_\_\_ (please circle one) Gender: M F

Address: \_\_\_\_\_ e-mail address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

To protect your confidentiality, is it okay to receive mail at the above-listed addresses? Yes No (please circle one)

Telephone: Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

To protect your confidentiality, is it okay to receive calls at the above-listed telephone numbers? Please indicate with a circle:

Home: Yes No Cell: Yes No Work: Yes No

*CONFIDENTIALITY: I understand that in some instances my confidentiality is limited by law and is compromised by all forms of electronic communication.*

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Contact's Telephone: (\_\_\_\_) \_\_\_\_\_

Relationship to Emergency Contact Person: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Monthly Salary: \_\_\_\_\_ Other Income: \_\_\_\_\_

Marital Status: Single Mar Sep Div Widowed/ r Prev. Marriages? #?: \_\_\_\_\_ Religion: \_\_\_\_\_ Practicing? Yes No  
(please circle one)

Number of Children: Boys \_\_\_\_\_ Girls \_\_\_\_\_ Step-Children: Boys \_\_\_\_\_ Girls \_\_\_\_\_ Pets: \_\_\_\_\_ Type(s): \_\_\_\_\_

Names / Ages: \_\_\_\_\_

Living with you: \_\_\_\_\_ Others in Home: \_\_\_\_\_

Previous Therapy: (when, where, therapist's name, reason sought, reason stopped)

Education / Year Graduated: High School \_\_\_\_\_ Trade School \_\_\_\_\_ AA/AS \_\_\_\_\_ Major \_\_\_\_\_ BA/BS \_\_\_\_\_ Major \_\_\_\_\_ MA/MS \_\_\_\_\_  
Major \_\_\_\_\_ PhD.: \_\_\_\_\_ Major \_\_\_\_\_ M.D. \_\_\_\_\_ Spec. \_\_\_\_\_ other: \_\_\_\_\_

Anything you would like to share with your therapist: \_\_\_\_\_

Reason for seeking therapy: \_\_\_\_\_

When did this problem begin? \_\_\_\_\_

Duration of this problem? \_\_\_\_\_

Has anything like this ever happened before and when? \_\_\_\_\_

What would you like to achieve in therapy? \_\_\_\_\_

If you were referred by your EAP, are you the:  Employee  Spouse/Partner  Dependent  Other \_\_\_\_\_

Additional Participants in Session / Planning to Attend:	DOB:	Relationship to Client:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Presenting Issue(s) (check all that apply):

- work issues       family       legal       medical / physical       alcohol / drug addiction
- work relationships       marital or partner       grief / loss       emotional       eating disorder
- communication       interpersonal relationships       trauma       compulsive disorder       other: \_\_\_\_\_
- domestic violence       school performance       financial       another's Mental Health

How has this problem impacted your job?

- none / not at all       absenteeism       making errors       verbal or written corrective action
- lateness       affecting concentration       decreased productivity       other: \_\_\_\_\_

My Strengths and Support Systems:

- parents       spouse/partner/significant other       friends       co-workers       siblings       family
- spiritual / religious affiliation       other: \_\_\_\_\_

SUICIDE: Current ideation:  Yes  No Prior attempts:  Yes  No Number of times: \_\_ Hospitalization(s):  Yes  No Number times: \_\_

HOMICIDE: Current ideation:  YES  NO Prior attempts:  YES  NO Please detail: \_\_\_\_\_

DOMESTIC VIOLENCE:  emotional  physical abuse  sexual abuse  Were minors present?  History of violence as a  Child  Adult  
Please detail: \_\_\_\_\_ Was a report made? :  YES  NO Please detail: \_\_\_\_\_

How have you attempted to resolve this issue / problem? \_\_\_\_\_

**Alcohol / Substance Abuse History (if you do not drink alcohol please state, "do not drink," "abstain," "in recovery,")**

1) Alcohol / Substance Abuse / Type: \_\_\_\_\_

Frequency and amount of Use:  Daily / Amount: \_\_\_\_\_  Weekly / Amount: \_\_\_\_\_  Monthly / Amount: \_\_\_\_\_

Duration of use:  less than 6 months       more than 6 months       more than 1 year       n/a

2) Alcohol / Substance Abuse /Type: \_\_\_\_\_

Frequency and amount of Use:  Daily / Amount: \_\_\_\_\_  Weekly / Amount: \_\_\_\_\_  Monthly / Amount: \_\_\_\_\_

Duration of use:  less than 6 months       more than 6 months       more than 1 year       n/a

3) Substance Abuse Treatment:

- None     Stopped on own     12-step / self-help group     Outpatient     Inpatient     Detox     I need help to stop

4) Is there a family history of substance use/abuse?  Yes  No If so, who / what? \_\_\_\_\_

**Self-Assessment**

5) In the past month, to what extent have you accomplished less than you would like in your work or other daily activities as a result of any emotional problems?

- none at all       slightly       moderately       quite a bit       extremely       n/a

6) During the last month, how much difficulty have you had doing your work or other regular daily activities as a result of your physical health?

- none at all       slightly       moderately       quite a bit       extremely       n/a

7) During the last month, to what extent have your physical or emotional problems interfered with your normal social activities with co-workers, family, friends, neighbors, or groups?

- none at all       slightly       moderately       quite a bit       extremely       n/a

8) In the past month, how often have you been unexpectedly absent or tardy?

- none at all       slightly       moderately       quite a bit       extremely       n/a