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## Kathryn de Bruin

FAMILY THERAPY + TRAINING

Name of person initiating therapy: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

Name(s) of others who may be attending sessions:

#2: Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#3: Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Who currently lives in your home? \_\_\_\_\_

Your medical doctor and / or psychiatrist:

#1: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

#2: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Who were you referred by?

\_\_\_\_\_ May I thank them? \_\_\_\_\_

Briefly summarize your reason for beginning therapy: \_\_\_\_\_

Person to notify in case of an emergency: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

