

**Alex Guthrie, MFT**  
(MFC #47429)

3101 Fourth Avenue  
San Diego, California 92103  
619.955.0543

## INITIAL INTERVIEW

Please complete the following information. If you are unsure of any of it, feel free to leave it blank and bring it up during the opening interview. Thank You.

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Check One: \_\_\_\_\_ Married \_\_\_\_\_ Lover/Companion \_\_\_\_\_ Single \_\_\_\_\_ Div/Sep

Social Security Number \_\_\_\_\_

Previous Therapy Experience? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes", with whom? \_\_\_\_\_ Begun \_\_\_\_\_ Ended \_\_\_\_\_

Type of Psychotherapy: \_\_\_\_\_ Family \_\_\_\_\_ Group \_\_\_\_\_ Individual \_\_\_\_\_ Couple

How were you referred to me? \_\_\_\_\_ Date \_\_\_\_\_

Your physician \_\_\_\_\_ Phone \_\_\_\_\_