

Britt Morrissey, LCSW  
Psychotherapist  
License No. LCSW20847

**Brentwood Location:**  
179 Barrington Place, Suite A  
Los Angeles, CA 90049

**Mar Vista Location:**  
12240 Venice Blvd., 15A  
Los Angeles, CA 90066

NEW CLIENT FORM

Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Gender \_\_\_\_\_ Occupation \_\_\_\_\_

Relationship Status \_\_\_ Single \_\_\_ Married \_\_\_ Domestic Partner \_\_\_  
Divorced \_\_\_ Widowed \_\_\_\_\_

Person to Notify in Case of Emergency \_\_\_\_\_

Relationship to you \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Have you ever received mental health treatment? \_\_\_ Yes \_\_\_ No

Who is your primary physician? \_\_\_\_\_ Phone \_\_\_\_\_

Please list any medications you are currently taking \_\_\_\_\_

\_\_\_\_\_

Please describe your reason(s) for seeking treatment at this time. If there is a particular event or that triggered your decision to seek treatment now, please list the event:

\_\_\_\_\_

\_\_\_\_\_