



17862 Hunting Bow Circle Lutz, FL 33556  
www.SolutionsFamilyTherapy.com  
(727) 612-4077

## Personal Information

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Current Health Problems: \_\_\_\_\_  
Medications: \_\_\_\_\_

## Spouse Information

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ (if different from above)  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Current Health Problems: \_\_\_\_\_  
Medications: \_\_\_\_\_

## Children Information

Name: \_\_\_\_\_ Age: \_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_

## Other

What do you hope to change or accomplish with Solutions Family Therapy?

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_