

# Mindful Resource Center (MRC)

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## CLINICIAN:

- ☐ Julie Hartman, PhD (License # 28202)
- ☐ JoAnne Forman, LMFT (License # 93812)
- ☐ Cynthia Duxbury, LMFT (License # 51207)
- ☐ Katherine Schoolland, MFT (License # 103337)
- ☐ Dorinda Woodley, MFT (License # 109343)

## General Contact Form - Adult

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Male Female

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

Home Number: \_\_\_\_\_ ok to leave message? Yes No

Cell Number: \_\_\_\_\_ ok to leave message? Yes No

Email Address: \_\_\_\_\_ ok to e-mail message? Yes No

Address: \_\_\_\_\_

## Emergency contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

Occupation(s): \_\_\_\_\_

Typical Work Schedule: \_\_\_\_\_

## Referral:

Please describe the main reasons for which you are seeking assistance:

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How did you hear about our services? \_\_\_\_\_

May I have your permission to thank this person for the referral? Yes No

**Treatment History:**

Have you ever been evaluated for developmental, behavioral, or learning problems? Yes No

If so, why, what kind, by whom, and what were you told about results: \_\_\_\_\_

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Have you ever received psychiatric or psychological treatment? Yes No

If so, why, what type, with whom, and how long did the treatment last: \_\_\_\_\_

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Have you ever received any medication for your behavior or emotional problems? Yes No

If so, why, what type of medication, what dose, for how long, and how effective was it: \_\_\_\_\_

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Anything else the Clinician should know in order to assist you? \_\_\_\_\_

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