



Marin Stress & Anxiety Center

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415-577-5338 www.marinstressanxietycenter.com

Intake Form

Name: _____ Date: _____

Address: _____ Date of Birth _____

Phone: (H) _____ Msg Ok? _____

(C) _____ Msg Ok? _____

(W) _____ Msg Ok? _____

May I contact you at work? _____ Email _____

May I add you to my email list to receive a monthly newsletter (tips, mental health practices, and details of other services)? _____

How did you hear about me/Referral Source? _____

Reasons for Seeking Psychotherapy:

List previous therapy experience (when, for how long, was it helpful?)

Insurance Co. & ID # _____

Emergency Contact Info:

Name: _____

Address: _____

Phone: _____ Relation _____