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PSYCHOLOGICAL & SOCIAL BACKGROUND SUMMARY

Please provide the following information for our records. Leave blank any question you would rather not answer at present. Information you provide here is held to the same standards of confidentiality as our therapy.

Please bring this form to your first session and allow yourself 30 minutes prior to your appointment to complete the form in the office. Thank you.

Name: _____
(Last) (First) (Middle Initial)

Birth Date: ____/____/____ Age: _____ Date: _____

Marital Status: (please circle one)

Never Married Married Separated Divorced Widowed

Local Address: _____
(Street and Number)

(City) (State) (Zip)

Home Phone: () - May we leave a message? YES / NO

Work Phone: () - May we leave a message? YES / NO

Cell/Other Phone: () - May we leave a message? YES / NO

E-mail: _____ May we email you? YES / NO
(Please be aware that email might not be confidential.)

Biological Mother: _____

Biological Father: _____

Siblings and Ages: _____

