

Deborah B. Edgar, Ph.D., LMFT  
Depth Psychotherapy  
MFC#44379

**Personal Information**

Name \_\_\_\_\_ Cell # ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Home # ( ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work # ( ) \_\_\_\_\_  
Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status: S M D W  
Who lives with you? \_\_\_\_\_  
In case of an emergency, whom can we contact? Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Education (highest grade or degree completed?) \_\_\_\_\_  
Employed? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Your Occupation \_\_\_\_\_  
Employer Name and Address \_\_\_\_\_  
Insurance Name \_\_\_\_\_ Policy# \_\_\_\_\_

---

Previous psychological counseling? \_\_\_\_\_ Yes \_\_\_\_\_ No Therapist's Name \_\_\_\_\_  
Where? \_\_\_\_\_ Length of time? \_\_\_\_\_  
Do you now or have you ever had thoughts of harming yourself or others? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Are you currently taking medication? \_\_\_\_\_ Yes \_\_\_\_\_ No Type \_\_\_\_\_  
Please check the primary reasons for seeking therapy at this time?  
\_\_\_\_ personal relationship(s) \_\_\_\_\_ legal/police \_\_\_\_\_ drinking problem \_\_\_\_\_ marital  
\_\_\_\_ sexual \_\_\_\_\_ family \_\_\_\_\_ emotional \_\_\_\_\_ drugs  
\_\_\_\_ child rearing \_\_\_\_\_ incest/abuse \_\_\_\_\_ growth \_\_\_\_\_ other \_\_\_\_\_  
Anything to add? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

May I say who I am if I call your **home**? \_\_\_\_\_ Yes \_\_\_\_\_ No  
May I say who I am if I call your **work**? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

If Internet, ☐ Psychologytoday.com ☐ Facebook ☐ Instagram ☐ Twitter