



Heather Luevano MFT

Coastal Family Therapy

License #MFC42278

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## PATIENT RECORD

Patient: \_\_\_\_\_

DOB: \_\_\_\_\_ Current age: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone:( ) \_\_\_\_\_ Home Phone:( ) \_\_\_\_\_

Work Phone:( ) \_\_\_\_\_ Email: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_

Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Telephone:( ) \_\_\_\_\_

Employer / Job Title - School / Grade

Relevant medical conditions (history, current condition, changes in condition): \_\_\_\_\_

Medications (dosage, length of time, prescribing clinician): \_\_\_\_\_

Allergies / Adverse reactions to treatment: \_\_\_\_\_



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## PATIENT RECORD (cont.)

Reason for seeking therapy: \_\_\_\_\_

\_\_\_\_\_

Treatment goals: \_\_\_\_\_

\_\_\_\_\_

Previous psychological or psychiatric treatment: \_\_\_\_\_

\_\_\_\_\_

Psychiatric hospitalizations (dates and locations): \_\_\_\_\_

\_\_\_\_\_

Family history of psychological or psychiatric treatment: \_\_\_\_\_

\_\_\_\_\_

Alcohol use: Y / N (# \_\_\_\_\_ drinks weekly) Date last drank \_\_\_\_\_

Illegal drug use: (past or present) Y / N Date last used: \_\_\_\_\_

Type: \_\_\_\_\_

Family history of alcohol or drug use: \_\_\_\_\_

\_\_\_\_\_

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