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License MFC 30429

Name

Home Address

Mailing Address

Cell Phone #

Alternate Phone #

Emergency Contact Person

Date of Birth

My preferred mode of contact is:

Telephone

Home

Cell

Email

Mail

Other:

It is okay to leave a detailed message?

Please describe the concerns that brings you here today:

On the other side of this page, please check any other concerns you have been having lately.

Other Concerns

- my personal relationships
- my job/career
- unemployment
- my finances
- school
- housing
- my physical health
- chronic pain
- my identity/sense of self
- lack of purpose/ meaning/direction in life
- difficulty getting close to others
- loneliness
- procrastination
- my impulse control
- self-cutting/self-injury
- my anger management
- domestic violence
- Internet/social media concerns
- grieving the loss or death of a loved one
- divorce/separation/child custody
- caring for an aging parent
- caring for other dependents (e.g., ill partner, children)
- maintaining my ability to live independently
- legal problems
- recent trauma/memories of past trauma
- a painful anniversary
- my alcohol and/or drug use
- my current psychiatric medication
- other(s):

