

**Christine Eghenian, LMFT**  
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(213) 219-4522

Name:

Date:

Date of Birth:

Social Security Number\*:

Address (Street, City, Zip):

Telephone:

Cellular Phone:

If you want a superbill, provide an email address where it will be sent after the session\*\*:

In case of emergency, who should be contacted?

Name:

Relationship:

Telephone(s):

If currently taking medication, please provide the following information for each medication.

Medication	Dosage	Reason	Prescribing Doctor

Please describe briefly the reason for your seeking therapy at this time:

\* This information is not shared with others unless mandated by law.

\*\* Please use my phone number to communicate with me rather than email, otherwise your message will likely go unnoticed.