

Gillian Nathan, LCSW  
4153 24<sup>th</sup> Street  
San Francisco, CA 94114  
(415) 820-1603

---

First Name	Last Name	Birth Date	Age
------------	-----------	------------	-----

---

Street Address	City	State	Zip
----------------	------	-------	-----

---

Telephone Number	Cell Phone	Email	Ethnicity
------------------	------------	-------	-----------

---

Guardian Name	Address	Home Phone	Work/Cell Phone
---------------	---------	------------	-----------------

---

Second Guardian Name	Address	Home Phone	Work/Cell Phone
----------------------	---------	------------	-----------------

---

Name of School	Phone Number	Grade
----------------	--------------	-------

---

Primary Care Physician	Psychiatrist
------------------------	--------------

---

Referred by

---

Past or present major health issues (including medication, dosage and length of time taking)?

---

---

Have you ever been in counseling? If so, when and anything you'd like to share about that experience?

---

---

Anything else you'd like me to know? \_\_\_\_\_

---

---