Tom Oberdorfer, LCSW
Washington Falls Psychotherapy
405 North Washington St., Suite 104
Falls Church, VA 22046
703-533-9363

Please fill out the following information: Date of first visit_____

_____	_____	_____	_____
Name	Date of birth	Age	Cell Phone

_____			_____
Street address	City State	Zip	Home Phone

_____	_____	_____
Occupation	Place of employment	Office Phone

_____	_____
Education	Nearest relative and Phone

_____	_____	_____	_____
Name of spouse/partner	Date of birth	Age	Cell Phone

_____	_____	_____
Occupation	Place of employment	Office Phone

_____	_____
Education	Nearest relative and Phone

_____	_____	_____	_____	_____	_____
Single	Married	Widowed	Separated	Divorced	Relevant dates

Family members (Children) Age Occupation Living at home(Y/N) Where

Reason for requesting therapy_____

Previous therapy experience_____

Current or recent medical problems and medications_____

Referred by?_____ Phone #_____#