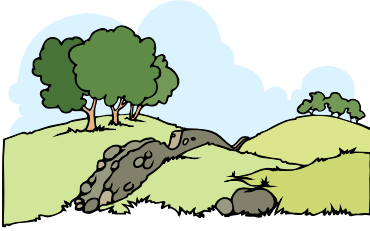


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*Therapy for the heart, mind, body and spirit in a safe and healing setting*

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

Who Referred You: \_\_\_\_\_

Applicant's Last Name                      First                      Middle                      (Maiden Name)

Partner's Last Name                      First                      Middle                      (Maiden Name)

Address/City/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship status: \_\_\_\_\_ Length of relationship (if applicable): \_\_\_\_\_

Applicant's cell phone: \_\_\_\_\_ Partner's cell phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name	Age	DOB	Birthplace	Yrs of School	Faith/Religion
Applicant:					
Partner:					
Children:					

Applicant's Employer                      Address                      Occupation                      Phone

Partner's Employer                      Address                      Occupation                      Phone