

Name: _____ Preferred Gender Pronouns: _____

Date of Birth: _____

Address: _____

Phone Number(s): _____

Emergency Contact Information: (name, phone number, relationship) _____

Briefly state your reason for seeking therapy at this time: (Or any goals you may have for therapy)

Prior psychological and or psychiatric treatment:

Medical Conditions/Concerns and/or Medications and Supplements:

Referral Source: May I thank them for the referral? Yes _____ No _____

Relationship Status: Single _____ Partnered _____ Married _____ Divorced _____ Separated _____

If you intend to use a sliding scale, please provide your approximate income: _____