

Email Address: _____

What is the preferred way that I contact you? : _____

MARITAL HISTORY

Current Marital Status: _____

Number of years married (if applicable): _____

CHILDREN

Name

Age and Date of Birth

HEALTH HISTORY

Are you currently taking prescribed **or** over the counter medications? Yes No

If yes, please list medications below:

Briefly state your reasons for seeking treatment:

Therapy is meant to explore,
And to Heal
I am honored that you have chosen me
To assist you on this journey