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New Client Information

Date _____

Client Name _____

Street Address, City, Zip _____

Phones _____
Home Cell Work

Marital Status _____ Employer/School _____

Emergency Contact / Relationship _____

Emergency Contact Phone(s) _____

Primary Care Physician _____
Phone

Please use the space below to briefly describe your reason for seeking counseling services, and your desired outcome (*what you hope to accomplish*).

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Have you received counseling services in the past? If so, when and for what purpose? What was the outcome of your treatment?

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