Bloom Within Counseling
Myra Gasser, M.Ed., LPCI, RYT
grow beyond what limits you

CLIENT INFORMATION FORM

ATTN: Please fill out and bring with you prior to the first meeting.

Date:_____

Name: _____D.O.B_____

Address: _____

_____

Occupation: _____ Student: _____

Single or Married:_____

Referral Source: _____

Emergency Contact:_____Relations_____Tel.#_____

Home Number: _____ Cell: _____

E-Mail:_____

Have you had any therapy experiences before? _____

Are you currently working with another Professional? _____

What is your conception of the issues that you are seeking help for today?