



Bloom Within Counseling
Myra Gasser, M.Ed., LPC, 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?