

Clare Brown LCMHC
Integrative Psychotherapy

Name: _____

Address: _____

City/State/zip code: _____

Birth date: _____

Phone: _____

Email: _____

Emergency Contact Person & phone number:

Do I have permission to contact this person in an emergency? Yes/No

Please summarize any current or past significant medical issues:

Please note any medications you are currently taking:

Do you drink alcohol or use recreational drugs? If so, what and how often?

Do you or anyone close to you consider this to be a problem?

In undertaking therapy, what are you hoping for?