



Therapy With Robin

2618 8th Street #14 Tuscaloosa, Alabama 35401

Client Information

Client's Name _____

Client's Address _____

Client Contact Numbers: (Do not leave any numbers you would prefer me not to use.)

Home _____ Cell _____ Work _____

Email _____

Where may I leave a Message? _____

Date of Birth: _____ Age: _____

Place of Employment: _____ Educational Level _____

Have you received counseling services before? _____

If yes, for how long did you receive services? _____

Are you or any of the participants currently taking any medications? _____ If yes, please list all names and current medications: _____

Emergency Contact: _____