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### Individual Client Information & History

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please indicate your preferred contact phone or email to reach you.

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_ Office \_\_\_\_\_

Email: \_\_\_\_\_ May I text your cell phone?

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Education: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ . Phone # \_\_\_\_\_

Medications: \_\_\_\_\_

**Please briefly describe the issues that brought you to counseling and your primary goal in counseling:**

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