



"Repurposing the past
Reimagining the future"

Name _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Immediate Family:

<u>Name/Pronoun</u>	<u>Age</u>	<u>Profession</u>
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Self		
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Partner		
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Other		
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Other		
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Other		
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Other		
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Other		
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Emergency Contact: _____ Phone: _____

Psychotropic Medications: _____

Reason(s) for Seeking Therapy: _____
