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### **Patient Information**

Name: \_\_\_\_\_ Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Contact #: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name & #: \_\_\_\_\_

Reason For Seeking Counseling: \_\_\_\_\_

Additional Information:

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**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_