Leigh Germann, LCSW *Barton Creek Counseling, PLLC* Mark Lynn, LCSW

Client Name

First name	Middle	Last	Gender ☐Male ☐Female
Street address			Email address
City	State	Zip	Date of Birth
Home phone ☐Preferred contact #		☐ Work / ☐ Cell ☐Preferred contact #	

Spouse or Parent/Guardian **(if client is less than 18 yrs of age)**

First name	Middle	Last

Children/Sibling information

Name	Birth date	Name	Birth date

Financial Responsibility **(if different from Client)**

First name	Middle	Last	Relationship to client
Street address			
City	State	Zip	
Home phone ☐Preferred contact #		☐ Work / ☐ Cell ☐Preferred contact #	

Reason for seeing a therapist today

Medical History

Current medications		
Current and previous health problems		
Physician	Office contact #	
Signature	Print name	Date