Meghan O'Malley Doubraski, M.S.
Licensed Professional Counselor

Client Name: _____ DOB: _____
First Last M.I. mo./ date/ yr.

Guardian Name: _____
First Last Relationship

Address: _____
Street Address City State Zip

Phone Numbers: Home: _____ Cell: _____ Work/ Other: _____

Best number to contact you: _____ Ok to leave messages at that number? Yes/ NO

SS Number: _____ Circle one: Female/ Male/ Other Age: _____

Marital Status: ____ Married ____ Divorced ____ Widowed ____ Partnered ____ Single

Emergency Contact: _____
Name and Relationship
Emergency Contact Phone Number(s): _____

In case of emergency I give permission for my therapist to contact my emergency contact or seek emergency services as she sees fit _____ _____
Client/ Guardian signature Date

How did you hear about Meghan Doubraski, LPC?_____

What are you hoping to achieve through counseling services? _____
_____
_____

Are you currently in school? Yes/ No If so, where? _____
Highest grade achieved to date: _____

Currently Employed? Yes/ No Full time/ Part time at: _____
If using sliding scale fee structure, please indicate your income: $_____/ month or $_____/ year

Medical Information:
Physician _____
Name Address Phone

Psychiatrist _____
Name Address Phone