



Center for  
Transpersonal  
Therapy, LC

*Denise Boelens, Ph.D.*  
*Wil Dredge, L.C.S.W.*  
*Heidi Gordon, L.C.S.W.*  
*Chris Robertson, L.C.S.W.*  
*Kate Tolsma, L.C.S.W.*  
*Nick Tsandes, L.C.S.W.*  
*Sherry Lynn Zemlick, Ph.D.*

The Center for Transpersonal Therapy is a limited liability company which includes licensed therapists, professional counselors, and programs that share a common Transpersonal perspective. To economize our time together, please supply the following information, **read and sign** the accompanying service contract.

Client Name: \_\_\_\_\_ Date \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer \_\_\_\_\_

Name, address and telephone of nearest relative not living with you: \_\_\_\_\_  
\_\_\_\_\_

In case of emergency, the name, address and telephone number of a person we may call: \_\_\_\_\_  
\_\_\_\_\_

Please list the members of your present household:

Name	Age	Relationship	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Briefly describe your reason for seeking help. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Who suggested you contact us? \_\_\_\_\_

How would you describe your physical health at this time? \_\_\_\_\_

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Please list any medication you (the client) are taking at this time, their dosage, and reason prescribed and prescribing physician and phone number

Medication	Dosage	Reason Prescribed	Physician	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever received psychiatric or psychological help of any kind before? \_\_\_\_\_

If you have, please briefly explain: \_\_\_\_\_

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Who will be responsible for payment? \_\_\_\_\_

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

Phone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_