



**CENTER for  
TRANSPERSONAL  
THERAPY, LC**

*Denise M. Boelens, Ph.D.  
Wil Dredge, L.C.S.W.  
Heidi Gordon, L.C.S.W.  
Daniel Henderson, 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.*

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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, would you please supply the following information and read and sign the accompanying service contract.

Client Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Security # \_\_\_\_\_ Birth Date \_\_\_\_\_

Name of School \_\_\_\_\_ Grade \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Birth Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address (if different) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Birth Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address (if different) \_\_\_\_\_

E-mail Address \_\_\_\_\_

If parents are divorced, who is the custodial parent? (relevant divorce papers must be provided) \_\_\_\_\_

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
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name, address, and telephone number of your Primary Care Physician and/or Child's Pediatrician:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly describe your reason for seeking help.

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who suggested you contact us?

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

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

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If you have, would you briefly explain?

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Please list any medications you (the client) are taking at this time with their dosage:

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

Address \_\_\_\_\_

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