



Center for
Transpersonal
Therapy, LC

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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, 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. _____

Who suggested you contact us? _____

How would you describe your physical health at this time? _____

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: _____

Who will be responsible for payment? _____

Address: _____

Phone: _____ Relationship to you: _____