



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: _____ Cell: _____

Social Security #: _____ Birthdate: _____

Driver's License #: _____ 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 person we may call: _____

Please list the members of your present household:

Name	Age	Relationship	Occupation

Briefly describe your reason for seeking help: _____

Who referred you? _____



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

Please list any medications 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? Yes No

If you have, please briefly explain: _____

Who will be responsible for payment? _____

Address: _____

Phone: _____ Relationship to you? _____

Permission to Consult

It may be helpful for your therapist to discuss aspects of counseling with other CTT Clinical/Consulting members, for the purpose of consultation and/or supervision. Your confidentiality will be safeguarded, and relevant information will only be discussed with trained and qualified personnel on the Clinical/Consulting team who may be able to help your therapist provide you with the best possible services. We are asking your permission to have this option.

I, _____ herby give permission to my therapist to consult with qualified Clinical personnel as the need arises. I understand that this permission is in effect from the date below until our work is complete, or until I withdraw my permission in writing.

Signature: _____ Date: _____