

John Fitzgerald, PhD, LPC, CAS
Licensed Professional Counselor

New Client Enrollment

Name: _____ **Date:** _____

Address: _____

Home Phone: _____ **Work Phone:** _____

May I leave a message? Yes No

May I leave a message? Yes No

Cell Phone: _____ **Email:** _____

May I leave a message? Yes No

May I email you? Yes No

Birthdate: _____

Occupation: _____

Employer: _____

Referred by: _____

Are you currently seeing any other behavioral health professionals? Yes No

If yes, please list: _____

