

Grayce Gusmano LLC

grayce counseling

Individual & Couples Therapy

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New Client Information

Last Name _____ First Name _____

Street address _____

City _____ State _____ Zip Code _____

Home telephone _____ Work Telephone _____

Cell Phone _____ Date of Birth _____

Leave message yes no

Email _____

Marital Status: Married Single Separated Divorced Widowed

Client's Employer _____

Occupation _____

How were you referred _____

In case of emergency, whom may I contact?

1. Name _____ Relationship _____ Phone Number _____

2. Name _____ Relationship _____ Phone Number _____

Spouse/Partner name _____

Other family member's names and age:

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

I/We are the responsible party/parties and consent to consultation or treatment:

Client Signature (parent or responsible party)

Spouse/Partner

Today's Date _____

**Fees and payment for services (as discussed prior to booking your appointment), are due at the time of your session.
Receipts are available upon request**