

Grayce Gusmano LLC

grayce counseling

Individual & Couples Therapy

grayce gusmano MMFT, LPC, CP

grayce@graycecounseling.com

New Client Information for Couples

Client #1 Last Name _____ First Name _____

Street address _____

City _____ State _____ Zip Code _____

Home telephone _____ Work Telephone _____

Cell Phone _____ Date of Birth _____

Leave message _____ yes _____ no

Email _____ Occupation _____

Client #2 Last Name _____ First Name _____

Street address _____

City _____ State _____ Zip Code _____

Home telephone _____ Work Telephone _____

Cell Phone _____ Date of Birth _____

Leave message _____ yes _____ no

Email _____ Occupation _____

Marital Status: Married Single Separated Divorced Widowed

How were you referred _____

In case of emergency, whom may I contact?

1. Name _____ Relationship _____

2. Name _____ Relationship _____

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

Client #1 Signature

Client #2 Signature

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