

Teamer Counseling
2-4 Austin Court, Poughkeepsie, NY 12603
New Client Information

Name of Client: _____

DOB: _____

If Child, Name of Parent/Guardian: _____

Address: _____

Phone #s: _____

Email Address: _____

Type of Insurance: _____

ID#: _____

Referred By: _____

Best Days/Times for appts: _____

What concerns brought you to therapy: