

Sharon Kocina, M.A., L.P.C.
Psychotherapist

Name #1		
Birthdate	Pronoun	
Mailing Address (including zip code)		
Home Address (if different from above)		
Phone (home)	(work)	(cell)
Can a phone message be left (if yes, indicate where)?		
Email Address:		
Employer (or school)	Position (or grade/year)	
Name #2		
Birthdate	Pronoun	
Mailing Address (including zip code)		
Home Address (if different from above)		
Phone (home)	(work)	(cell)
Can a phone message be left (if yes, indicate where)?		
Email Address:		
Employer (or school)	Position (or grade/year)	
Relationship Status	Years Together	
Email Address Name #1:		
Email Address Name #2:		
Other People to be Included in Therapy		
Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship
Is there a custody agreement?	Who has parental rights?	
Other Legal Issues?		
Medical Conditions (please note condition & for whom)		
Current Medications (please note medication & for whom)		
Emergency Contact (other than spouse)	Relationship	
Phone (home)	(work)	(cell)
How did you find out about me?	May I thank the referring party(ies)?	