



Heart Healer
TREATMENT CENTER

Brad Gilbert, LMFT #95079

CLIENT INFORMATION

Date _____

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Complete and check preferred method of contact.

Home Phone _____ Cell Phone _____ Text
Message

E-mail

*E-mail address may also be used to contact you with information about coming workshops, conferences, or just to send articles on therapy issues. Is this OK with you? Yes No

Marital Status: Single Married Divorced Widowed How Long?

How did you find us? Therapist Friend Internet Phone Book

Therapist Notes: