



HEART | MIND  
THERAPY

## Personal Information

**Legal Name:**

**Preferred Name:**

**Date of Birth:**

**Mailing Address:**

**Cell Phone:**

**Email Address:**

**Birth Sex:**

**Gender Identity:**

**Sexual Orientation:**

**Race:**

**Marital Status:**

**Employment:**

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian/Representative signature: \_\_\_\_\_

Relationship to client: \_\_\_\_\_