

Gentle Path Therapy Service LLC 338 West, 300 North Suite #4 Hyde Park, UT 84318

Admin@gentlepaththerapyservices.org (435) 523-3718 Fax (435) 375-4269

New Client Information Form

| | Legal first name | Legal last name | |
|---|---|-----------------------------------|------------------------------|
| Phone: Call/Text? okay to call/txt Preferred Location morning/afternoon? Insurance /pay type | | | okay to email? |
| Insurance /pay type | | | okay to call/txt |
| | Preferred Location | morning/afternoon? _ | |
| | Insurance /pay type | | |
| Briefly describe what brings you into care, what would you like to be different through going to therapy: | | | |
| | Briefly describe what brings you into care, | what would you like to be differe | nt through going to therapy: |
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| Is there anything else you would like us to know? (attach additional pages if necessary) | Is there anything else you would like us to l | know? (attach additional pages if | necessary) |
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