

Finding Freedom Now, LLC

Angela Brettschneider, LCSW

404.354.1412

Name _____

Address _____ City _____

Zip _____

Phone (cell) _____ DOB _____

Referred by _____

Reason for seeking Counseling. Please include any current emotional and physical symptoms you may be experiencing.

Interested in **EMDR** therapy or learning more about it? Y/N

Have you sought counseling in the past? If so, what was helpful?

Please list current
medications

Please add any additional information that may be
helpful

Counseling
Goals
