



SHEREL GRIFFITHS Therapy & Mediation Services

sherelgriffithstherapy@gmail.com

www.sherelgriffithstherapy.com

(514) 716-7208

CLIENT INFORMATION

Name: _____

Pronouns: _____

Address: _____

Phone: _____

Email: _____

D.O.B: _____

Age: _____

Insurance Coverage: Yes No

Briefly describe reasons for seeking therapy:
