



THE JOURNEY THERAPY

Contact: 808-277-2273 thejourneytherapy.com

Full Name _____

Date of Birth ____ / ____ / ____ Place of Birth _____

Gender Male Female

Home Address _____

City _____ Zip Code _____

Phone Number _____ Email _____

Parent/Spouse Name _____

Home Phone _____ Work/Cell Phone _____

Emergency Contact Name _____ Emergency Phone _____

Relationship to Student _____ Alternate Phone _____

Describe what you would like to address in psychotherapy.

Have you seen another therapist for this issue in the past? Describe your desired results. Yes No

Are there any other significant information you would like to share? Please describe. Yes No

Client Signature

____ / ____ / ____