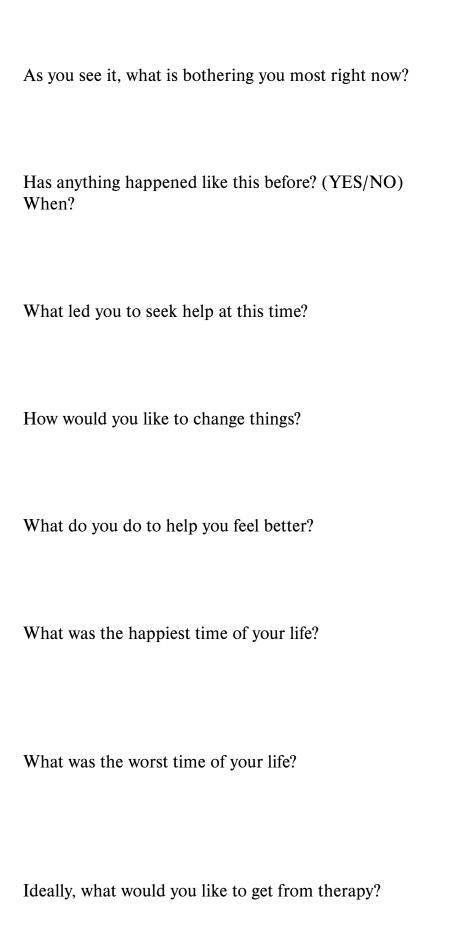
Grace Orlick, LCPC (previously Ravenelle) Licensed Clinical Professional Counselor

Licensed Clinical Professional Counselor Phone: (775) 237 3159 Email: <u>contact@helpwithgrace.com</u>

NEW CLIENT QUESTIONNAIRE

(To be completed by each member)

Name:	Today's Date:
May I ask how you heard of me, and me office?	ay I thank him/her for referring you to my
Have you received any counseling befor If yes, what type of services?	re? (YES/NO)
When and where did you receive servic	e(s)?
How many different therapists have you Therapist's Name (optional):	ı seen?
What did you find most helpful in thera	apy?
What did you find least helpful in thera	apy?



Please add any additional information which you feel may be important for me to know.		
Thank you for taking the time to complete this questionnaire.		
Your Name (please print)		
Your Signature	Date	

Therapist: Grace P. Orlick

Grace P. Orlick