

Bhakti Cohen, EDS, NCC, LMFT
Licensed Marriage & Family Therapist (MT 2239)
Florida Supreme Court Certified Family Mediator (24357 F)
Collaborative Divorce Coach & Child Specialist / Parenting Coordinator

Client Information

Today's Date _____

NAME _____ Nickname _____

ADDRESS _____

CITY/STATE/ZIP _____

DATE OF BIRTH _____ AGE _____

PHONE (home) _____ (work) _____ (cell) _____

E-MAIL ADDRESS: _____

REFERRED BY _____

MEDICAL PHYSICIAN (*name & city*) _____

MEDICATIONS _____

PREVIOUS COUNSELING (*when, for how long, was it helpful*) _____

LEGAL GUARDIAN (if child) _____

REASON FOR VISIT _____

Official Use Only: PFSF/RWF/EAP/VicAdv/OOP