

# Lupine Counseling

Mychelle Moritz, LPC, ATR-BC  
Trauma Processing, Counseling, and Art Therapy

[www.lupinecounseling.com](http://www.lupinecounseling.com)

Name: \_\_\_\_\_

Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ May I leave a message?  Yes  No

Email: \_\_\_\_\_ May I send emails to you?  Yes  No

*\*Please note: Email correspondence is not considered to be a confidential medium of communication.*

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Permission to communicate with PCP about your treatment?  Yes  No