Stepping Stone Counseling LLC inside The St. Louis Wellness Center Sarah Strohmayer, MA, LPC, NCC Licensed Professional Counselor

CLIENT INFORMATION

Name:	
Date of Birth:Age:	_ Social Security Number:
Address:	
Telephone: (home)	(mobile)
Email:	-
If I need to call you for some reason, may I leave a message? Yes No	
Emergency Contact:	Phone:
Relationship:	Email:
Address:	
Medications and/or herbal remedies you are currently taking and the name of the treating person:	
Please list your current medical conditions:	
Please tell me in your words the reason for your contacting me:	
Name of referring person or way you found me:	