

Application For Services

Lori Kimmerly Therapy, MS, LMFT

Today's Date: _____

Client: Full Name: _____

Street Address: _____

City, State, & Zip Code: _____

Telephone: Home: _____ Cell: _____

Date of Birth: _____ Gender: _____

Work/Education: Employer or School Name: _____

Job Title or School Grade Level: _____

Special Education: IEP: Yes / No (Circle One) 504 Plan: Yes / No (Circle One)

Language: _____ Ethnicity: _____

Household: Marital Status: _____ Family Size: _____ (Including Client)

Email address(es) _____

Okay to email: Yes/ No (Circle one) If yes, please fill out Email/Text ROI form as well

Allergies: Medications: _____ Other: _____ Bee Sting: Yes / No (Circle One)

Legal Guardian/s: Name: _____ Date of Birth: _____

Address: _____

Ethnicity: _____

Employer: _____ Job Title: _____

Name: _____ Date of Birth: _____

Address: _____

Ethnicity: _____

Employer: _____ Job Title: _____

Emergency Contact: Name: _____

Relationship to Client: _____ Number: _____

Are you, your spouse, or your parent a Veteran or currently serving in the US Military, National Guard, or Reserves? Yes / No (Circle One) Self / Spouse / Parent (Circle One) Branch of Service: _____

Discharge Type: _____ Date: _____ Period of Service: _____