

Sheila Hoogendam, LPC  
12416 Hymeadow Drive, Suite 104  
Austin, TX 78750  
512-297-1221  
[sheila.hoogendam@gmail.com](mailto:sheila.hoogendam@gmail.com)

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

Address: \_\_\_\_\_ City and Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ Employer: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship Status: \_\_\_\_\_

Is it OK to contact you via (circle your answer):

Phone	yes	no	Text	yes	no
Email	yes	no	Mail	yes	no

Is it OK to leave a message on your (circle your answer):

Phone	yes	no	Alt. Phone	yes	no
-------	-----	----	------------	-----	----

Reason for seeking therapy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about me? \_\_\_\_\_

Are you taking any medication currently? Name/dosage: \_\_\_\_\_

Are you under the care of a physician? Name: \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date