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NEW CLIENT

Full Name: _____ Preferred Pronouns: _____

Age: _____ Birthdate: _____ E-mail: _____

Cell Phone: _____

Address: _____

For couples / family therapy:

Partner's Name: _____ Preferred Pronouns: _____

Age: _____ Birthdate: _____ E-mail: _____

Cell Phone: _____

Address: _____

Others living at home with you:

Name: _____ Age: _____ Relation: _____ Grade: _____

Name: _____ Age: _____ Relation: _____ Grade: _____

Name: _____ Age: _____ Relation: _____ Grade: _____

Name: _____ Age: _____ Relation: _____ Grade: _____

Name: _____ Age: _____ Relation: _____ Grade: _____

Brief description of why you are seeking help: _____

Emergency contact (name/phone/relationship) : _____

Any other information that you would like me to know (ex: gender identity, sexuality, medical condition, addiction, etc) :

Referral source: _____