

Molly Losey M.A., CC, LMHC
License # MH 10953
Winter Park Psychotherapy and Life Coaching
1301 Grove Terrace
Winter Park, Florida 32789
(407) 670-8796
mollylosey@yahoo.com

Individual Client Information & History

Name: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Please indicate your preferred contact phone or email to reach you.

Phone: Cell _____ **Home:** _____ **Office:** _____

Email: _____ **May I text your cell phone?**

Date of Birth: _____ **Gender:** _____ **Race/Ethnicity:** _____

Education: _____ **Occupation:** _____

Marital Status: _____

Primary Care Physician: _____ **Phone #:** _____

Medications: _____

Please briefly describe the issues that brought you to counseling and your primary goal in counseling:
