

Healing Hearts Therapy, LLC
From the Office of Robin Newman, PsyD
Licensed Clinical Psychologist
Child and Adult Psychotherapy
Colorado Springs, CO 80918
719- 260-1221



Client Information

Client's Name _____ Date of Birth _____

Today's Date _____ Married/yrs? _____ Spouse's Name _____

Address _____

City, State, Zip Code _____

Home Phone _____ Cell Phone _____

Religious Preference, if any _____

Emergency Contact Name & Number _____

Have you had previous therapy _____ If so, when and with whom?

Primary reason for seeking treatment today: _____

**I understand that I am responsible to pay today for all services provided to me.
I also understand that I must give at least 24 hours notice in order to cancel an
appointment or I will be billed in full for the missed appointment.**

Signature

Date