

GunderKline Counseling LLC

Eve GunderKline, LCSW

4753 North Broadway

Chicago, Illinois 60640

evgunderklinelcsw@gmail.com

872-216-6623

The following information is confidential and will not be shared, unless you choose to release this information to someone else.

Preferred First Name _____

Last Name _____

Preferred Gender Pronoun (e.g. she/her, him/his, they/them) _____

Age _____ **Date Of Birth** _____

Address _____

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

Phone Number: _____

Email: _____

Insurance:

Provider: _____

ID Number: _____

Group Number: _____

Name of contact person in the case of emergency:

Relationship of person to you _____

Phone Number _____

Have you previously been in counseling? Yes No

If "Yes", please list approx. dates: _____

OTHER CURRENT PROVIDERS: (List names of any other mental health, psychiatric, or supportive services you're receiving now.)

CURRENT MEDICATIONS AND CONDITIONS TREATED:

Client Signature: _____ Date: _____

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Therapist Signature: _____ Date: _____