

Anam Cara Counseling, PLLC  
Aileen MacLaren Loranger, PhD, MAPC, LMHC

**CLIENT IDENTIFICATION**

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian (if minor) \_\_\_\_\_

Phone: \_\_\_\_\_ OK to leave a message? Y N

Address: \_\_\_\_\_  
\_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

Name Phone

Primary Care Physician: \_\_\_\_\_  
Name Phone

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