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New Client Information Sheet

Please print clearly

1. Name_____
2. Best phone number to reach you_____
3. Email Address_____
4. Address_____
5. Referred by_____
6. What condition, situation or experience would you like treatment
for?_____
7. List the symptoms you would like to reduce or
eliminate?_____
8. Please indicate a favorite, relaxing place (such as the ocean, lake, trees, beach
etc.)_____
9. Indicate if you are afraid of: Heights ___ Close Spaces ___ Water ___ Other _____
10. If you have a spiritual connection, please provide name of belief system
(optional)_____
11. Your educational level_____
12. Indicate any allergies_____
13. Name of medications you are currently
taking_____

14. Are you currently receiving medical treatment or therapy for an illness, disease or condition? _____

15. Does this condition produce chronic pain or discomfort? Please explain. _____

16. Have you ever been in therapy? Yes ___ No ___ If so, how long? _____
What were you seeking treatment for? _____
What type of therapy was it? _____
What diagnosis were you given? _____

17. Please describe what symptoms you had and how the therapy helped:

18. What brought you to LadyBug and Heart-Centered Hypnotherapy?

19. Anything else you think I should know?

