

Healing Hearts Therapy, LLC
From the Office of Robin Newman, PsyD
Licensed Clinical Psychologist
Child and Adult Psychology and Assessment



Client Information

Client's Name _____ Date of Birth _____

Today's Date _____ Spouse's Name (if married) _____

Email Address _____

Address _____

City, State, Zip Code _____

Home Phone _____ Cell Phone _____

Emergency Contact Name & Number _____

SS# and name of sponsor (for Tricare patients only) _____

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