



Leigh S. Mann  
Licensed Marriage and Family Therapist  
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Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

May I leave voicemail? \_\_\_\_\_ Text messages? \_\_\_\_\_ Email? \_\_\_\_\_

Previous Counseling \_\_\_\_\_

If so, what about that experience was helpful or unhelpful for you? \_\_\_\_\_

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Areas of Concern \_\_\_\_\_

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Medical Issues and Medications \_\_\_\_\_

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Physician's Name and Phone Number \_\_\_\_\_

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