

**Awen Therapy, LLC - Jay Blevins, MS, LMFT**  
**2564 Branch St., Suite B12, Middleton, WI 53562**

**Client Information Form**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Email address \_\_\_\_\_ Can I email you?  Yes  No

Home Telephone \_\_\_\_\_ Can I leave a message?  Yes  No

Work Telephone \_\_\_\_\_ Can I leave a message?  Yes  No

Cell Number \_\_\_\_\_ Can I leave a message?  Yes  No

Preferred pronouns  She  He  They  Other: \_\_\_\_\_

Referral Source:

What concerns bring you to see me?

What would you like to see happen as a result of coming

here? What have you tried on your own to change this issue

(s)? Have you been to see other psychotherapists?

If so, what worked successfully during the time you were with them?

Are you presently seeing any doctors and/or taking any medications? If so, please list.

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**Acknowledgment of Receipt of Notice of Informed Consent & Privacy Practices**

\*You may refuse to sign this acknowledgment\*

I hereby acknowledge that I have received a copy of, read and understand this office's

- Informed Consent to Treatment Document.
- Privacy Practices Document

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

If Client is a Minor this form must also be signed by a parent or legal guardian.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

We attempted to obtain written acknowledgment of receipt of our Notice of Private Practice Informed Consent, but acknowledgment could not be obtained because:

- Individual refused to sign
- An emergency situation prevented us from obtaining acknowledgment
- Other

Name:

Date :