

L. Gay Doherty, LCSW  
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(646) 494 4086

New Client Information

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

DOB \_\_\_\_\_

Phone (home) \_\_\_\_\_

(work) \_\_\_\_\_

(cell) \_\_\_\_\_

Email \_\_\_\_\_

Employer/School \_\_\_\_\_

\_\_\_\_\_

In Case of Emergency Contact:

1. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

How did you hear about L. Gay Doherty?

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