

**MARIAN SALLEY, MSW, LCSW, LAC, CGP, ACS**  
**LCSW# 09923757**  
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**EMDRIA Certified Therapist**  
**EMDRIA Certified EMDR Therapist# (TBD)**  
**2299 Pearl Street, Suite 402A**  
**Boulder, CO 80302**  
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**303.859.2611**

**Personal Information**

***Date:***

***Name:***

***Date of Birth:***

***Address:***

***Phone:***

***Email:***

***Emergency Contact:***

**Name:**

**Address:**

**Phone:**

**Email:**

**Relationship to You:**

***What past experience have you had in therapy?***

***What has brought you to this therapy?***

***What are your hopes for this therapy?***

***I have completed the preceding questionnaire and understand that the information contained herein is confidential.***

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Client's Printed Name

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Client's or Responsible Party's Signature

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Date

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If signed by Responsible Party, please state relationship to client and authority to consent.