



Stefanie Lawson, LCSW
The Mindfulness Space Psychotherapy Services, P.L.L.C.
717 Green Valley Rd. Suite 200 Greensboro, NC 27408
Phone: (336) 916-1584
Email: stefanie@themindfulnessspacetherapy.com

New Client Demographic Information Form

Client's Name:

Date of Birth: _____ Age: _____

Address:

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email:

How would you prefer to be contacted? _____

Marital Status (Please circle):

Single Married Partnered Widowed Divorced

Polygamous Separated Other _____

Gender (Please circle):

Female Male Intersex Non-Binary Genderqueer
Transgender Choose Not to Disclose Other _____

Preferred Pronouns (Please circle):

She/her/hers He/him/his They/Them/Theirs Other _____

Employer/School:

Occupation: _____

Race/Ethnicity (Please Circle):

Black/African American Asian Latinx/Hispanic White
Native American/Indigenous Multi-racial/Ethnic Other _____

Choose not to disclose

Spiritual Beliefs: _____

Parent or Guardian (if under 18): _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Who Referred You?

Name:

Phone: _____ **Relationship:** _____

Fax #: _____ **Email:** _____

Have you completed a Release of Information for this referral? Yes/No

I would like to be placed on The Mindfulness Space's email list to receive newsletters and psychoeducational information—*Note: The email list is for information and educational purposes only and will not be monitored or used for clinical communication. Please refer to The Privacy Policy and Social Media Policy (Please circle):*

Yes/No

Emergency Contact Information:

Name: _____

Relationship: _____ **Home Phone:** _____

Cell Phone: _____ **Work Phone:** _____

Permission to Call: Yes/ No

Briefly describe your reason for referral and how The Mindfulness Space can best support you:

By signing this form, you agree that the information provided is accurate and The Mindfulness Space Psychotherapy Services, PLLC can utilize the information provided to contact/communicate with you.

Client Signature/Date: _____

Parent/Guardian Signature/Date (If client is under 18 y/o):
