

YOUNIFY Counseling  
Lex Burgeson - Splankna Practitioner  
**Las Piedras Office Park**  
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Today's Date \_\_\_\_\_

Client Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

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

Address \_\_\_\_\_ Zip \_\_\_\_\_

Father/Spouse \_\_\_\_\_ Employer \_\_\_\_\_

Mother/Spouse \_\_\_\_\_ Employer \_\_\_\_\_

In case of an emergency, list the name and phone number of a local relative or friend: \_\_\_\_\_

\_\_\_\_\_

List all immediate family members (i.e. father, mother, spouse, children)

Name	DOB	Age	Sex	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Give a brief description of the reason(s) that you are here

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Therapy? Yes \_\_\_ No \_\_\_ If so, was it helpful and why?

\_\_\_\_\_  
\_\_\_\_\_

Signature of Client or Parent \_\_\_\_\_