

Life's Answers

Private Session with Jon Shore Information Form



Please fill in this form with as much information as you are comfortable with. The more information you provide the easier it will be to design your therapy strategy.

All information you provide will be absolutely confidential and never read by or shared with anyone other than Jon.

First Name

Last Name

Address

City/Town

Country

Postal Code/ZIP

Phone Number

Date of Birth

Gender

E-mail

Female

Male

Any medical conditions within the last 5 years

Any mental health conditions

Please list any prescription or non-prescription medications, drugs or alcohol in the past 90 days

Please describe your current situation and what you need help with

I understand that all the information I provide will be used to assist Jon in creating a therapeutic strategy for me and that all information I provide will be private between myself and Jon. I also understand that Jon will do his very best to keep all my personal information secure and private but that if any breach occurs that Jon will not be held responsible.

Please type your name to note agreement.

Today's Date

After completing this form please save it to your computer or mobile device. Then send it to Jon at reachout@lifesanswers.org.