

Psychotherapy Practice of Robert Ogner, LCSW, # LCS 10844
Client Contact Information:

Are you currently in therapy or counseling with another therapist? Y N _____ initial

Are you currently in therapy or counseling with another therapist? Y N _____ initial

Have you received psychotherapy or counseling services? Y N _____ initial

Have you received psychotherapy or counseling services? Y N _____ initial

I will ask you to tell me when we meet about any other current or previous therapy or counseling experiences.