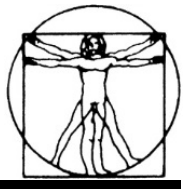
Behavioral Medicine P.C.



Cynthia Kindgren MS/LCPC
Licensed Clinical Professional Counselor
Owner - Clinical Director

Tara White MSW/LCSW
Licensed Clinical Social Worker
Independent Contract Therapist

Client Name _____ DOB _____ Phone# _____

Please List All Medications

Name of Medication	Reason Taken	Dosage	Frequency	Prescribing Physician

IF NO MEDICATIONS TAKEN, INITIAL HERE: _____

(815) 397-2224 * Fax (815) 397-2225 * 6268 E. Riverside Blvd. Loves Park , Illinois 61111 * www.counselinginrockford.com