

0803200636855

# COUNSELING CENTER

## CLIENT FILES

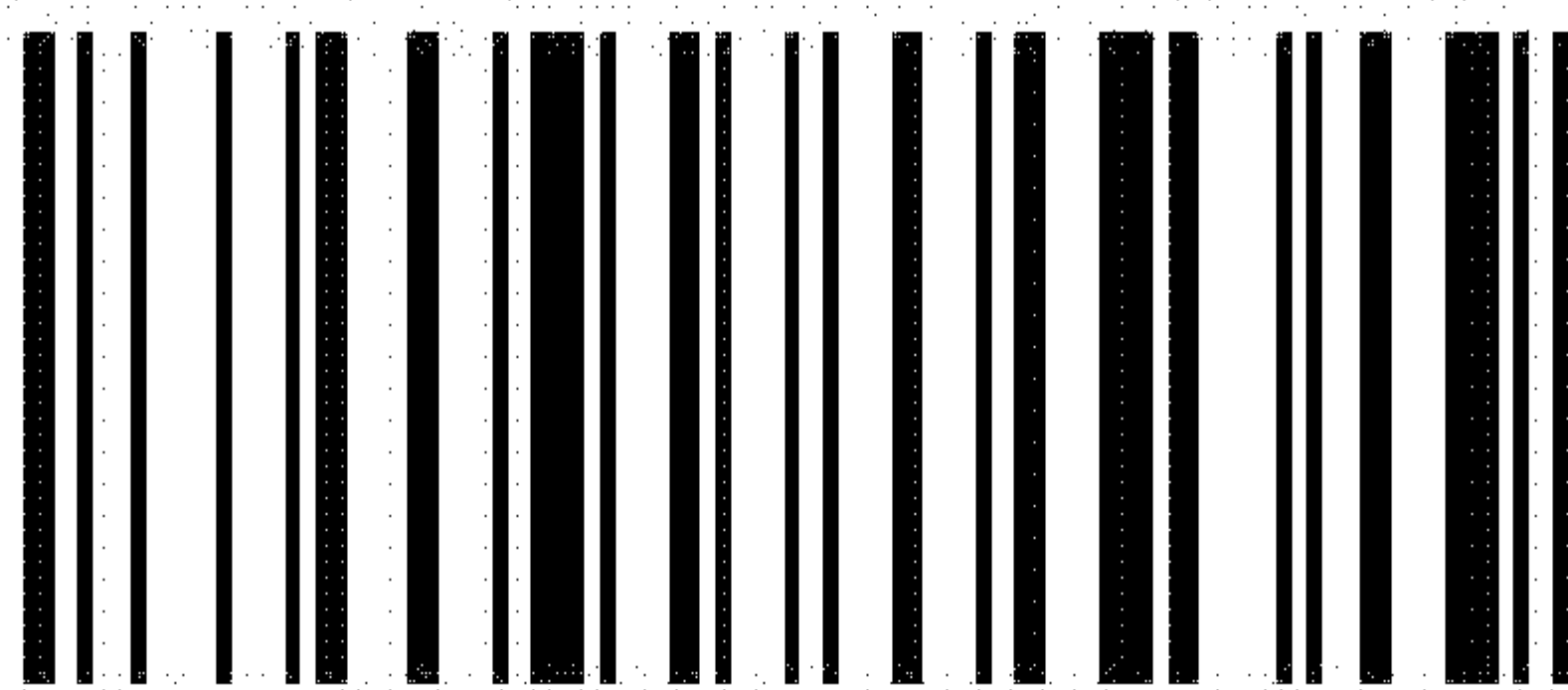
**LD ADHD**

Last Name

First Name

Case/Client Number

Closed Date



BREAK