

Please provide the following information and answer the questions below.
Please note: the information you provide is protected confidential information.

Name:

(Last) (First) (Middle)

Last 4 of SSN:

XXX - XX -

Name of parent / guardian (if under 18 years) or spouse if seeking couple counseling:

(Last) (First) (Middle)

Birthday

Age

Gender

Male

Female

(Month) (Day) (Year)

Home / Postal Address

(Street Address / P.O. Box)

(City)

(State)

(ZIP)

Home Phone

May we leave a message? Yes No

Email

May we email you appointment reminders? Yes No

Cell / Other Phone

May we leave a message? Yes No

**Please note: Email correspondence is not considered to be a confidential medium of communication.*

How did you find us?

Google Friend Pastor Doctor Other:

Employment Status:

Student Unemployed Part-Time Employed Full-Time Employed Type of Work:

Highest Level of Education Completed:

GED High School Associate Bachelor Master Doctorate Other:

Marital Status

Never Married Domestic Partnership Married Separated Divorced Widowed

If married, how long?

Spouse's Name:

Spouse's Birthday

(Month) (Day) (Year)

Emergency Contact:

(First Name)

(Last Name)

(Relationship)

(Phone Number)

Other than yourself, is there anyone you want to give permission to ONLY make or change or check your appointments? (Otherwise, we cannot speak to anyone but you.)

(First Name)

(Last Name)

(Relationship)

(Phone Number)