

Counselorplace Christian Counseling, LLC

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www.counselorplace.com

*I'm pleased you are considering coming to me for counseling.
Please fill out the Client Information Sheet and bring it to your first appointment.*

Client Information Sheet

Name: _____ **Email:** _____
First Middle Initial Last

Address: _____ **City:** _____ **Zip:** _____
Street

Phone: Home: _____ Cell: _____ Work: _____
OK to leave message Y/N OK to leave message Y/N OK to leave message Y/N

Social Security #: _____ **Marital Status:** _____ **Date of Birth:** _____

Emergency Contact:

Name: _____ **Phone Number:** _____

Person Responsible for Payment *(if different than Client)*

Name: _____ **Date of Birth:** _____
First Middle Initial Last

Address: _____

Social Security #: _____ **Relationship to Client:** _____

Employer: _____

INSURANCE INFORMATION *(if you do not have your card available):*

Insurance Company Name: _____ **Phone:** _____

ID #: _____ **Group #:** _____

How did you find me? ___ Google ___ Yahoo ___ OCFoundation ___ Web

Referral from: _____ Other: _____