

CONFIDENTIAL

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_ Birthday \_\_\_\_\_

Name of Significant Other/Spouse: \_\_\_\_\_ Age \_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip-code \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Relationship Status: \_\_\_\_\_ Marriage Date: \_\_\_\_\_

(single, divorced, committed, married, partnered ...)

What is the problem(s) for which you are seeking assistance?

What have you tried to help you to deal with the problem(s)?

Have you previously used counseling?

Was it helpful?

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Telephone: \_\_\_\_\_

Referred by: \_\_\_\_\_

May I have your permission to thank him/her for the referral? \_\_\_\_\_

Have you seen or read my website ([www.JoyAllen.com](http://www.JoyAllen.com))? \_\_\_\_\_