



Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Your Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_ Male \_\_\_ Female DOB: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_

# of Dependents: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Best Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Alternate Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_ How long? \_\_\_\_\_

Job Title: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ May we contact you at work? \_\_\_ YES \_\_\_ NO

Primary Insurance: \_\_\_\_\_ ID #: \_\_\_\_\_

Group #: \_\_\_\_\_ Subscriber: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_

Spouse (parent if minor): \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer's Address: \_\_\_\_\_

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

What concern(s) brings you to counseling? \_\_\_\_\_

\_\_\_\_\_