# Legacy Christian Counseling Center

Name_____ Home Phone_____ Cell Phone_____
Business Phone_____ Social Security#_____
Street Address_____City_____State_____Zip Code_____
Age_____ Occupation_____ Name of Employer_____
Address Of employer_____

Nearest Reletive_____Address_____
Person to contact in case of an Emergency_____

Referral Agency or individual_____

Other Agencies involved (probation, SRS, Employer ect.) _____
Gross Annual Family Income:_____ Established Fees:_____

Marital Status:
Never married___ Married___ Married Years___
Divorced___ Separated___ Widowed___

Mother/ Father/Brother/Sisters

| Name | Age | Grade/Occupation | Relationship | Living Yes/No |
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History of Presenting Problem(S): (State in your own words why you are requesting help?)
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_____
_____
_____
_____

Current Medications:
_____

Therapist's Name And Phone#_____