

**CHRISTIAN LIFE COUNSELING**  
**CONFIDENTIAL INFORMATION**

Today's date \_\_\_\_\_

Client's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mobil Number. \_\_\_\_\_ Office Phone No. \_\_\_\_\_ Other \_\_\_\_\_

E-mail Address \_\_\_\_\_ Sex F/ M Status: Single Married Widowed Divorced

If student: Full-time Part-time

**If Patient Is A Minor**

Father's Name \_\_\_\_\_ DoB \_\_\_\_\_ Home Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ DoB \_\_\_\_\_ Home Address \_\_\_\_\_

Name of Responsible Party \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Address \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

**Spiritual**

Church Affiliation \_\_\_\_\_ Pastor 's Name \_\_\_\_\_

Has there been a point in your life in which you have accepted Jesus Christ as your Lord and Savior? YES NO.

If NO, are you interested in discussing this during session? \_\_\_\_\_

Do you find your faith (Please circle response): Satisfying Challenging Joyful Meaningless Dull Other: \_\_\_\_\_

**Previous Counseling/Interventions**

Provider's Name \_\_\_\_\_ Address/phone number \_\_\_\_\_

Approximate Dates \_\_\_\_\_ Outcome: \_\_\_\_\_

Referred By \_\_\_\_\_

1. I, the undersigned, accept financial responsibility for payment of all fees at the time of visit, unless other arrangements have been made with the Accounting Department.
2. **AUTHORIZATION TO RELEASE INFORMATION:** I hereby authorize the release of any information regarding my/my child's condition or treatment to my insurance company.
3. **AUTHORIZATION TO PAY INSURANCE BENEFITS TO THE PROVIDER:** I hereby authorize the payment of insurance benefits from my insurance company to my provider.

**SIGNED** (patient, or parent if patient is minor) \_\_\_\_\_ **DATE:** \_\_\_\_\_