

REQUEST FOR COUNSELING APPOINTMENT

Date of Request: ___ / ___ / ___ Time of Request: _____ am/ pm Initials: _____

Names- Him: _____ Her: _____

Address _____ City _____ State _____ Zip _____

Phones- Day: _____ Evening: _____

His Cell: _____ Her Cell: _____

Age: _____
Him Her

Type of Counseling: Marital Premarital

Is this *his* first marriage? Yes / No

How long have you been married? _____

Is this *her* first marriage? Yes / No

No. of children: _____ Ages: (Boys) _____ (Girls) _____ # Living at home: _____

How did you hear about NAME? _____

What is the nature of your counseling need? (List top 2 issues.) _____

Did you or are you presently seeking any other counsel? _____

Are you attending church? Yes / No Where? _____

What is the best day and time for you? _____

For use by the NAME Center Director

Care Couple assigned: _____ Phone #: _____

Date/Time of Appointment: _____ Room #: _____

Comments/Follow-up: _____
