



# Christian Counseling Registration Form

Assigned Counselor: \_\_\_\_\_

## Counselee Demographic Information

<b>Patient Name:</b>	<b>Last 4 SS #: XXX-XX-____ _</b>
<b>Street Address:</b>	<b>Date of Birth:</b>
<b>City, State, Zip Code:</b>	<b>Home Phone:</b>
<b>Gender:</b>	<b>Work Phone:</b>
<b>Email Address:</b>	<b>Mobile Phone:</b>
<b>Ethnicity:</b>	<b>Gender:</b>
<b>Emergency Contact Person:</b>	<b>Emergency Contact Phone:</b>
<b>How did you hear about us?</b>	<b>Marital Status:</b>

Responsible Party is the person who will be paying the per-session fee for services  
(leave blank if same as patient)

<b>Responsible Party:</b>	<b>Home Phone:</b>
<b>Street Address:</b>	<b>Work Phone:</b>
<b>City, State, Zip Code:</b>	<b>Mobile Phone:</b>
<b>Relationship to Patient:</b>	<b>Last 4 SS #: XXX-XX-____ _</b>

Signature: \_\_\_\_\_

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