Counseling Services Application

Personal Information

First name	Middle initial	Last name	Today's date

Mailing/Street address	City	State	Zip	Home phone	Business phone:
					Cell Phone:

Birth date	Sex: ☐ Male ☐ Female	Employer name:

Email address:	List present or previous health problems including any medication you are currently taking:

Bishop's name:	Ward	Stake	Home Phone	Work Phone	Cell Phone

Bishop's address: Street	City	State	Zip

☐ Spouse ☐ Parent Information if under 18

First name	Middle initial	Last name	Marriage date

Street address	City	State	Zip	Home phone	Business phone

Birth date	Sex ☐ Male ☐ Female	

List present or previous health problems

List any medications you are currently taking

Children's Information

Instructions: List all children

Name	Birth date	Lives with you?	Name	Birth date	Lives with you?

Insurance Information — Payment Arrangements: ☐ Client ☐ Insurance

(1) Company name	Policyholder	Policyholder's date of birth	Applicant's relationship to policyholder ☐ Self ☐ Spouse ☐ Child ☐ Other

Insurance Company Address	City	State	Zip	Phone

	Policy number	Co-payment amount	Group number

(2) Company name	Policyholder	Policyholder's date of birth	Applicants relationship to policyholder ☐ Self ☐ Spouse ☐ Child ☐ Other

Street address	City	State	Zip	Phone

Policyholder's SS #:	Policy number	Co-payment amount	Group number

Other Information (PLEASE COMPLETE THIS SECTION)

What do you hope to change or accomplish by seeking help at this time? (Use the back of the form if more room is needed.)

List any agencies or other professionals who have provided you counseling services in the past. (Use the back of the form if more room is needed.)

Signature	Signature

Date of Last Revision: 03-22-21