

Renewing Life Center

All of the information received through this questionnaire is confidential.

Please print:

Name: _____ Date: _____

Age: _____ DOB _____ Male / Female Email: _____

Street Address: _____

City _____ State _____ Zip _____

Phone: **Circle** preferred contact phone: (Home) _____ (Wk) _____ (Cell) _____

Is it okay to leave messages on your home telephone message device? Yes No
If you would prefer a text for appointment reminder, please text the number 622622, type RLC, and press send.

Marriage information:

Marital Status: _____ Married _____ Single _____ Divorced _____ Separated _____ Widowed
Spouse's name _____ Date of marriage: _____
Have you ever been separated? _____ How long? _____
Have either of you ever filed for divorce? _____ When? _____
Number of children _____ Their ages: _____

Previous Marriages:

1. Year married: _____	How long: _____	Divorced ()	Widowed ()
2. Year married: _____	How long: _____	Divorced ()	Widowed ()
3. Year married: _____	How long: _____	Divorced ()	Widowed ()

Personal Information:

Occupation: _____ Employer: _____
How long at present job: _____ Annual household income: _____
Education: _____

Faith background: Christian None Other _____
• Name of Church: _____
• Name of Pastor: _____

Insurance Information (RLC only accepts BlueCross BlueShield, Teachers Health Trust and Tricare)

Insurance Company _____ Group Number _____
Insured Party _____ Employer: _____ ID/SS # _____
_____ Insured Date of Birth: _____

The above information is complete and correct. I authorize treatment of the above named client. I hereby authorize release of information necessary to file a claim with my insurance company and I assign benefits otherwise payable to me to the provider group indicated on the claim. All professional services rendered are charged to the client. The client is responsible for all fees, regardless of insurance coverage.

Client signature / Date

Guarantor Signature / Date

Counseling Information:

Who referred you to this counseling center? _____
Has any member of your family been here for counseling? Yes () No ()
Have you ever been to counseling, psychotherapy, or seen a psychiatrist? Yes () No ()
When? _____ Name of therapist: _____
Are you currently taking medication? Yes () No ()
• Type: _____
• Prescribed for what purpose: _____

Person we can call in case of an emergency:

• Name: _____ Relation: _____ Phone: _____
• Address: _____ City: _____ St: _____ Zip: _____

I would like to receive your quarterly E-newsletter that gives helpful information on marriage and family issues and spiritual growth. My email _____

(Please print)

Concerns Questionnaire (Individuals Only)

Name: _____

Instructions: The following questions will help me get a better idea concerning your major concerns for counseling. This information will be helpful in developing a counseling plan. Please answer each question. For counseling minor children, the parent should complete this form for children under the age of 12.

1. In your own words, please describe the concern with which you would like our help?

2. Which of the following best represents your most important concern with which you would like help? (Please check one)

Marital problems

Problems with my child (children)

Problems with my parent(s)

Problems with myself

3. How bad is this problem (please circle the number below)

Not much of a problem

An average problem

A severe problem

0 1 2 3 4 5

4. How much does it affect your life? (Please circle the number below)

Not much of an impact

Some

It completely interferes

0 1 2 3 4 5

5. How confident are you that you can change this problem? (Please circle the number)

Not at all confident

Some confidence

Completely confident

0 1 2 3 4 5

6. How changeable do you think this problem is? (Please circle the number below)

It will never change

Some of it might change

Could completely change

0 1 2 3 4 5

7. Would you like your counselor to pray for you?

Yes _____

No _____

During the session? _____

During the week? _____

Renewing Life Center asks that you respect our “no animals” policy due to the noise factor and other people’s allergies.