

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
Is it okay to text message you? (Coming soon) Cell phone Carrier _____	Yes	No

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, LifeSynch-Humana and Teachers Health Trust)

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

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: _____
- Address: _____ Phone: _____

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

(Please print)

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