



## Request Counseling

Please complete the following form. Your request for counseling will be treated with care and confidentiality. After form submission, you will be contacted by a counselor within 24-48 hours.

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Best time to call: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_ Marital Status: \_\_\_\_\_

Why are you seeking counseling? What is the current problem as you see it?

Is there any other information we should have either about you or your situation before we meet for our first session?