OC Christian Counseling **Garden Grove, CA 92845**

CONFIDENTIAL

CLIENT INFORMATION **PLEASE PRINT CLEARLY**

Name(s)_____

❏ Married ❏ Engaged ❏ Dating Wedding/Anniversary Date (if applicable) _____

List the persons with whom you are now living and their relationship to you (include ages of children):

_____

_____

Would you like to receive appointment reminders via email? (circle one) YES NO

Email address:_____

ADULT 1

Name _____ Birthdate_____

Address_____

City_____ State_____ Zip_____ Home phone_____

Is this the address where billing statement should be sent? ____yes ____no Cell phone_____

If not, where?_____

Occupation_____ Education level_____ Cell phone_____

Employer_____ Work phone_____

Work Address_____

Religious preference/Church_____

ADULT 2

Name _____ Birthdate_____

Address_____

City_____State_____ Zip_____ Home phone_____

Occupation_____ Education level_____ Cell phone_____

Employer_____ Work phone_____

Work Address_____

Religious preference/Church_____

Person to contact in emergency_____ Phone_____

Address_____ Relationship to you_____

Referred by: (circle one) pastor, attorney, physician, relative, former/other client, friend, website

other _____

Name of referring person/church/office: _____

Info: Revised 10/1/2010