

- Superbill
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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: <input type="checkbox"/> Male <input type="checkbox"/> Female		Social security number (opt.)	Employer name:	
List present or previous health problems			List any medications you are currently taking		
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: <input type="checkbox"/> Male <input type="checkbox"/> Female		Social security number (opt.)		
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?
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		