



Lincoln  
Pastoral  
Counseling  
Services

**Client  
Information**

Name \_\_\_\_\_  
(First, Middle, Last)

Birthdate \_\_\_\_\_

Gender        M        F  
(please circle one)

Marital Status    S    M    WID    SEP    DIV  
(please circle one)

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Preferred phone # \_\_\_\_\_  
(please circle one: Home   Mobile   Work)

Second phone # \_\_\_\_\_  
(please circle one: Home   Mobile   Work)

OK to leave phone messages?   Yes   No   (circle)

OK to text?                                      Yes   No   (circle)

Email \_\_\_\_\_

Employer/School \_\_\_\_\_

Occupation \_\_\_\_\_

Primary care physician \_\_\_\_\_

Current medications \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact \_\_\_\_\_  
(Name)

\_\_\_\_\_

(Emergency Contact relationship, phone number)

Spouse's name \_\_\_\_\_

Spouse's phone number \_\_\_\_\_

Spouse's birthdate \_\_\_\_\_

Children's names and ages \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Church membership? \_\_\_\_\_

Any previous counseling? (please include with whom  
and when) \_\_\_\_\_

\_\_\_\_\_

Please list concerns you want to deal with in therapy:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Policies**

**Confidentiality:** All client-counselor communication is held in professional confidence and any release of information outside of this agency can be done only by written authorization of the client. Exceptions to this code are mandated by law. When a counselor has knowledge of child abuse or neglect, she/he must report this to authorities, and if in the judgment of a counselor there is potential for serious harm to or by a client this must be reported.

**Cancellations:** If you need to cancel your appointment, please contact our counselor at least 24 hours before your scheduled appointment in order to avoid being charged for the session. Your scheduled time has been reserved for you. ***If you are more than 15 minutes late for your appointment, your counselor reserves the right to cancel the appointment.***

By signing below I certify that all information on this document is complete and accurate. I have also read and understand the above confidentiality and cancellation policies.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

