

**Marriage & Family Matters / Counseling**  
**NEW CLIENT INFORMATION**

Revised as of 04/16/05

Today's Date _____	Therapist _____
Name _____	Birthday _____
Address _____	SS # _____
City _____	State _____ Zip _____
Home Phone _____	Email _____
Cell Phone _____	
Work Phone _____	Employer _____
___ Minor, ___ Single, ___ Married, ___ Separated, ___ Divorced, ___ Other _____	

All fees and charges are the responsibility of the client. All fees are due and payable at the time services are rendered. If appointments are not cancelled 24 hours in advance the client's on file credit card will be charged for the missed session fee. For your convenience you may sign your super bill at each session and MFM will handle charging your on file credit card for appointment fees.

On File Credit Card	___ MasterCard ___ Visa ___ American Express
Card Number _____	Expiration Date ____/____/____
Print Name _____	
On Card _____	Signature _____

Spouse's Name _____	Birthday _____
Children's Names _____	Age _____ Sex _____
_____	Age _____ Sex _____
_____	Age _____ Sex _____

Referred by \_\_\_\_\_

<b>Reason for Seeking Counseling</b>
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