



EVANS COUNSELING

Helping you to find your inner empowerment.

Today's Date: _____

Name: _____ Date of Birth: _____

Spouse Name (for couples therapy): _____ Date of Birth: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Phone numbers – please check which ones we may leave a message at):

Home: _____ Cell: _____ Work: _____

Mother's Cell: _____ Father's Cell: _____

Household Members (or other significant family members including unmarried spouse):

Name	Relationship	Occupation	Age

Relationship Status:

Married Single Separated Divorced Widowed Cohabiting Dating Other _____

How did you hear about me?:

Evans Counseling Website Friend Therapist Finder website _____

Other Professional _____ Other _____

Office Use Only

Therapist: _____

Diagnosis: _____ Insurance: _____ Self Pay: _____ Self Pay Rate: 90791 _____ 90837 _____ 90834 _____