

Anew Place Counseling Services, Inc.
Kevin Barwick, LCPC, MHt

PRELIMINARY INFORMATION

Please complete the information in the spaces below. Any information related to your association with Anew Place Counseling Services, Inc. is regarded as strictly confidential and will not be shared with anyone without your signed consent.

NAME: _____ DATE: _____

PHONE: () _____ GENDER: _____ DOB _____ AGE: _____

MARITAL STATUS: () Married () Single () Divorced () Widowed () Other _____

ADDRESS: _____ CITY: _____ STATE/ZIP: _____

E-MAIL ADDRESS: _____ CELL #: () _____

EMPLOYER: _____ WORK #: () _____

WORK ADDRESS: _____ CITY/STATE/ZIP: _____

LENGTH OF CURRENT EMPLOYMENT: _____ POSITION: _____

SOCIAL SECURITY NUMBER: _____

SPOUSE'S NAME AND OCCUPATION: _____

WITH WHOM DO YOU RESIDE? _____

WHAT COUNSELING EXPERIENCE HAVE YOU HAD? HOW LONG? WITH WHOM?

(PHONE NUMBER) _____

WHAT DID YOU ACCOMPLISH IN COUNSELING? _____

WHAT MEDICATIONS OR DRUGS ARE YOU CURRENTLY TAKING (DOSAGE)? _____

HOW DID YOU HEAR ABOUT ANEW PLACE/KEVIN BARWICK? _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE NUMBER: () _____ RELATIONSHIP: _____