



***Welcome to Legacy Counseling Network
Contact Information***

Client's Name _____ Date of Birth _____
Spouse's Name _____ Date of Birth _____

Address: _____ City _____ Zip _____

Name/ages of Children _____

Phone Numbers: (Hm.) _____

(Wk.) _____

(Cell.) _____

E-mail Address _____

Employer _____ Position _____

Who lives at home? _____

Church Affiliation (if applicable) _____

What is the reason you are currently seeking counseling? Use the back if necessary.

Can you identify one goal you would like accomplished through counseling?

What previous counseling have you had?

Are you currently taking and prescription medication? If YES please indicate name and dosage.

How did you hear of Legacy Counseling Network? _____

May we thank them for the referral? Y/N

Emergency contact information:

Name: _____ relationship: _____ phone: _____

Scripps Ranch

Solana Beach