



Goodenough Counseling and Mediation
3100 Lorna Road, Suite 204, Hoover, AL 35216

New Client Appointment & Insurance Date Form

Client:

Last Name:			First:	Preferred:			
Date of Birth:	Age:	Sex:	Marital Status:	Education:			
			Employed:	<input type="checkbox"/> F/T	<input type="checkbox"/> P/T	<input type="checkbox"/> Stud	<input type="checkbox"/> Other
Address:			City:	St:	Zip:		
Ph 1: [C/H/W]			Ph 2: [C/H/W]				
eMail 1:			eMail 2:				
Reason for seeking help at this time?							
Related to: <input type="checkbox"/> employment? <input type="checkbox"/> auto accident?							

Partner/Spouse:

Last Name:			First:	Preferred:			
Date of Birth:	Age:	Sex:	Marital Status:	Education:			
Lives with Client?:			Employed:	<input type="checkbox"/> F/T	<input type="checkbox"/> P/T	<input type="checkbox"/> Stud	<input type="checkbox"/> Other
Ph 1: [C/H/W]			Ph 2: [C/H/W]				
eMail 1:			eMail 2:				

Emergency and Responsible Party Information

Emergency Contact	Phone		
Responsible Party:			
Address:	City:	St:	Zip:

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