

McArthur Counseling Center  
Updated Contact Information

2024

**Please Print Clearly**

CLIENT: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Name: \_\_\_\_\_  
                            First                            MI                            Last

Street Address: \_\_\_\_\_  
Street Address CAN NOT be PO Box                            City                            State                            Zip

Mailing Address: \_\_\_\_\_  
  City  State                            Zip

Birth date: \_\_\_\_\_ M / F      SSN: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

(H) Phone: \_\_\_\_\_ (C) Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Family / Personal Physician : \_\_\_\_\_ Location: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_ Location: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

Marital Status: Single      Married      Divorced      Separated      Widowed

**PARENT: (if minor) or SPOUSE (if married)**

Name: \_\_\_\_\_  
                            First                            MI                            Last

Address: \_\_\_\_\_

Birth date: \_\_\_\_\_      SSN: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

(H) Phone: \_\_\_\_\_ (C) Phone: \_\_\_\_\_

Employer: \_\_\_\_\_      Position: \_\_\_\_\_

For what reason(s) are you seeking counseling at this time? \_\_\_\_\_

\_\_\_\_\_

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