

Cluff Counseling PLLC

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Counseling Services Application

Personal Information

First name	Middle initial	Last name	Today's date:		
Street address	City	State	Zip	Birthdate:	Home phone:
Email Address	Sex: <input type="radio"/> Male <input type="radio"/> Female	Employer name:			

List present or previous health problems:

List any medications you are currently taking and their purpose (ex: Wellbutrin for depression):

Spouse or Parent Information if under 18

First name	Middle initial	Last name	Marriage date:		
Street address	City	State	Zip	Birthdate:	Cell phone:
Email Address	Sex: <input type="radio"/> Male <input type="radio"/> Female	Employer name:			

List present or previous health problems:

List any medications you are currently taking:

Children's Information

Instructions: List all children

Name	Age	Lives with you?	Name	Age	Lives with you?

Other Information (PLEASE COMPLETE THIS SECTION)

What do you hope to accomplish by seeking help at this time?

Have you received counseling services in the past? YES NO

If yes, when and for what issues?

Signature (Client)	Signature (Other)
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