

# 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:	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 and their purpose (ex: Wellbutrin for depression):

### Spouse or Parent Information if client is 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 and their purpose:

### 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 therapy services at this time?

Have you received counseling services in the past? **YES** **NO**

If yes, please share when and for what issues?

Signature (Client 1)

Signature (Partner or parent, if client 1 is under 18)

www.cluffcounseling.com

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