

## **New Life Christian Counseling, LLC**

### **Richard L. Keller MSC, LPC**

2101 South Blackhawk St. Suite 160 Aurora, CO 80014  
303-906-1138

#### **CLIENT INFORMATION:**

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

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Marital Status: S ☐ M ☐ D ☐ W ☐

Address: \_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Home Work Cell

Instructions regarding leaving messages: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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

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

#### **SPOUSE INFORMATION:**

Name of Spouse \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_

#### **INSURANCE:**

Name of Insurance Company: \_\_\_\_\_  
(Please have card available for copying)

Insured's Name and SS#: \_\_\_\_\_

Subscriber ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Person Responsible for payment: \_\_\_\_\_