



Counseling

An Investment in Your Self-Care

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New Foundations Christian Counseling Center

Investment In Your Self-Care

678-362-8309

General Information: Please Print:

Last Name: _____ First Name: _____ Middle Initial: _____

Birth Date: _____ Age: _____ Male _____ Female _____

Street Address: _____

City _____ State: _____ Zip: _____

Cell Phone: _____ Other Phone: _____

Racial/Ethnic identity:

African-American/Black _____ White/Caucasian _____ Hispanic/Latino _____ Asian _____

Biracial: _____ Other _____

Marital Status:

Married _____ Divorced _____ Single _____ Engaged _____ Widowed _____

Background Information:

Are you currently working: Yes _____ No _____

If yes, Place of Employment: _____

Length of Employment: _____

If No, reason Unemployed: _____

Type of work you normally do: _____

Highest level of education completed: _____

Religious Preference/Denominational Affiliation: _____

Do you belong to a church? _____ If yes, Name of church: _____

Pastor: _____

The Information requested in this form will be kept confidential and will help your counselor assist you.

Client's Signature and Date



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Current Living Arrangements: House _____ Apartment _____ Dorm _____ Military Base _____
 With a friend/relative _____ Homeless _____ Community Shelter _____ Other _____

How many people live in the Home with you: _____

List them by name and age and relationship:

Why are you seeking help now?

What would you like to see happen as a result of this counseling experience?

Do you have any medical problems or Psychological problems that you are currently under a doctor or Physicians care for right now?

Have you ever received counseling in the past? _____ If yes, where and with whom? _____

Have you or any member of your immediate family received help for drug and or alcohol dependency? _____

If yes, what was the outcome and or treatment plan? _____

Treatment Plan and Foundational Goals

You Are In Charge Of Your Foundation

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