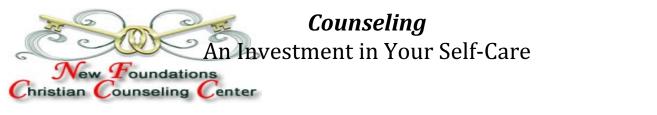
Counseling An Investment in Your Self-Care Christian Counseling Center	
Rev. Dr. Cherry D. Estelhomme, PhD, LPC, MS.,	M.Div.
New Foundations Christian Counseling Center	
Investment In Your Self-Care	
678-362-8309	
General Information: Please Print:	

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 Biracial: Other		-	Asian			
Marital Status:						
Married Divorc	ed Single _	Engaged	Widowed			
	Background I	nformation:				
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 comple	eted:					
Religious Preference/Denominational Affiliation:						
Do you belong to a church?	If yes, Na	ame of church:				
Pastor:						

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

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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

2

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