

# LifeSTAR Counseling Services Application

Personal Information			Assigned Practitioner:		
First name	Middle initial	Last name	Today's date		
Street address	City	State	Zip	Home phone	
Email address	Cell phone	Social security number SS #			
Birth date	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Employer name		Business phone	
List present or previous health problems					
List any medications you are currently taking					

Spouse or Parent Information if under 18					
First name	Middle initial	Last name	Marriage date		
Street address	City	State	Zip	Home phone	Business phone
Birth date	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social security number SS #			
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 change or accomplish by seeking help at this time? (Use the back of the form if more room is needed.)	
List any agencies or other professionals who have provided you counseling services in the past. (Use the back of the form if more room is needed.)	
Signature	Signature