

REQUEST FOR SERVICES FORM (INDIVIDUALS), CONTINUED

Family Member:

Name	Age	Relationship	Where Residing

How did you find out about our services? (e.g., class, friend, etc.) _____

Are you now receiving or have you ever received counseling or psychotherapy services?

_____ Yes _____ No

If yes, please list counselor/therapists name, name and address of agency, and dates of counseling. _____

Have you had or do you now have any major health problem(s)?

_____ Yes _____ No

If yes, please describe _____

