



Journey to Peace Counseling Services, LLC

1819 S. Dobson Rd. #114, Mesa, AZ 85202

(480) 787-1955

“Helping People Find Their Path To A Life Of Peace”

donnas@journeytopeacecounselingservices.com

<http://journeytopeacecounselingservice>

Client Demographic Information Form

Today's date: _____

Note: If you have been a patient here before, please fill in only the information that has changed.

A. Identification

Your name: _____ Date of birth: _____

Age: _____

Nicknames or aliases: _____ Social Security #: _____

Home street address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Home/evening phone: _____ e-mail: _____

Calls or e-mail will be discreet, but please indicate any restrictions: _____

B. Referral: How did you find Journey to Peace Counseling Services?

If you were referred by someone, please list their name, phone number and address if known.

Name: _____ Phone: _____

Address: _____

May I have your permission to thank this person for the referral? Yes No

How did this person explain how I might be of help to you?

If you found me online, please indicate below:

Search Engine Psychology Today Catholic Therapist.com Other



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C. Religious and racial/ethnic identification (optional):

Current religious denomination/affiliation: Protestant Catholic Jewish Islamic Buddhist

Hindu

Other (specify): _____

Involvement: None Some/irregular Active

How important are spiritual concerns in your life?

Which (if any) church, synagogue, temple, or meeting are you involved with?

How do you identify yourself (i.e. ethnicity, national origin or race):

D. Are you employed? If yes, please complete this section.

Employer: _____ Address: _____

Work phone: _____ Email: _____

May I contact you by phone at your place of employment? Yes No

E. Emergency information

If some kind of emergency arises and we cannot reach you directly, or we need to reach someone close to you, whom should we call?

Name: _____ Phone: _____ Relationship: _____

Address: _____



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Significant other/nearest friend or relative not residing with you:

F. Chief concern

Please describe the main difficulty that has brought you to see me:

This is a strictly confidential patient medical record. Rediscovery or transfer is expressly prohibited by law.

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Client Information Form 2 (p. 2 of 4)