

Light of The Rockies

Client Contact & Referral Information

Today's Date: _____

Name(s): _____ DOB: _____

_____ DOB: _____

Parent or Guardian Name: _____ DOB: _____

Home Address _____ City _____ State _____ Zip _____

(____) _____

Home Phone

(____) _____

Work Mobile

Email Address

Emergency Contact Name

Phone

How did you hear about your therapist or Light of the Rockies?

Professional referral: Name _____

Personal referral: Name _____

My pastor / church: Name _____

The Yellow Pages / Christian Business Directory Ad / Website / Facebook Page (circle one)

Newspaper Article / Column / Advertisement

Other: _____

Do you attend a church? No Yes Church Name: _____

May we have your permission to send:

- An anonymous note to your church stating that one of their members recently sought counseling with Light of the Rockies?
If YES, please initial: _____ I prefer you not do so.
- A thank you note to the party who referred you? YES, please initial: ____ I prefer you not do so.
- May we use your name in the thank you note? YES, please initial: ____ I prefer you not do so.
- Do we have your permission to send or email you a 6-month follow up questionnaire once you have completed your counseling? No Yes
- Do we have your permission to send or email you occasional mailings in the future concerning Light of the Rockies Christian Counseling Center? No Yes

Financial Information: (for the purpose of setting your fee based on our sliding scale...)

What is your annual gross (pre-tax) income for your entire household?

Less than \$20,000 \$20,000 – \$29,999 \$30,000 – \$39,999 \$40,000 – \$49,999

\$50,000 – \$59,999 \$60,000 – \$79,999 \$80,000 – \$100,000 Above \$100,000

