

**Anew Place Counseling Services, Inc.**  
**Kevin Barwick, LCPC, MHT**

PRELIMINARY INFORMATION

Please complete the information in the spaces below. Any information related to your association with Anew Place Counseling Services, Inc. is regarded as strictly confidential and will not be shared with anyone without your signed consent.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ GENDER: \_\_\_\_\_ DOB \_\_\_\_\_ AGE: \_\_\_\_\_

MARITAL STATUS: ( ) Married ( ) Single ( ) Divorced ( ) Widowed ( ) Other \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ CELL #: ( ) \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK #: ( ) \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

LENGTH OF CURRENT EMPLOYMENT: \_\_\_\_\_ POSITION: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

SPOUSE'S NAME AND OCCUPATION: \_\_\_\_\_

WITH WHOM DO YOU RESIDE? \_\_\_\_\_

WHAT COUNSELING EXPERIENCE HAVE YOU HAD? HOW LONG? WITH WHOM?  
(PHONE NUMBER) \_\_\_\_\_

WHAT DID YOU ACCOMPLISH IN COUNSELING? \_\_\_\_\_

\_\_\_\_\_

WHAT MEDICATIONS OR DRUGS ARE YOU CURRENTLY TAKING (DOSAGE)? \_\_\_\_\_

\_\_\_\_\_

HOW DID YOU HEAR ABOUT APCS? \_\_\_\_\_

PERSON TO NOTIFY IN CASE OF EMERGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: ( ) \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

WOULD YOU LIKE TO RECEIVE THE FREE E-ZINE (EMAIL NEWSLETTER)? Y or N