

LanceCounseling

NEW CLIENT APPLICATION

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Please complete the following information, details will be kept confidential. If you are completing this as a parent or guardian of a client, please complete the information pertaining to the client.

Today's Date: _____

CLIENT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ Current age: _____ Highest grade/degree completed: _____

Address: _____ Apt.: _____

City: _____ State: _____ Zip: _____

Current Employer: _____ City: _____ State: _____

Title and/or Position: _____ Years there: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Home E-Mail: _____

In case on an emergency please contact:

Last Name: _____ First Name: _____ Relationship to client: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

For Clients under the age of 16 - Parent/Guardian/Guarantor information is required below:

Last Name: _____ First Name: _____ Relationship to client: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

CLIENT'S MARITAL INFORMATION: Currently I am...

Single

Engaged to: _____ Date: _____

Married to: _____ Date: _____

Separated from: _____ Date: _____

Divorced from: _____ Date: _____

Widowed from: _____ Date: _____

CLIENT'S FAMILY INFORMATION

Is your mother living? No Yes Is your father living? No Yes

If you were raised by anyone other than your biological parents, by whom?

If applicable, please give current information about your children:

1st child Name: _____ Age: _____ Grade: _____ School: _____

Adopted?: No Yes; at what age: _____ Deceased?: No Yes; what year? _____

2nd child Name: _____ Age: _____ Grade: _____ School: _____

Adopted?: No Yes; at what age: _____ Deceased?: No Yes; what year? _____

3rd child Name: _____ Age: _____ Grade: _____ School: _____

Adopted?: No Yes; at what age: _____ Deceased?: No Yes; what year? _____

4th child Name: _____ Age: _____ Grade: _____ School: _____

Adopted?: No Yes; at what age: _____ Deceased?: No Yes; what year? _____

5th child Name: _____ Age: _____ Grade: _____ School: _____

Adopted?: No Yes; at what age: _____ Deceased?: No Yes; what year? _____

6th child Name: _____ Age: _____ Grade: _____ School: _____

Adopted?: No Yes; at what age: _____ Deceased?: No Yes; what year? _____

MEDICAL INFORMATION

How would you describe your overall physical health?

Physician's Name: _____ Date of last physical: _____

List any serious injuries or illnesses in the past 3 years: List any current medications and for what purpose:

> _____
> _____
> _____

> _____
> _____
> _____

COUNSELING INFORMATION

Have you had counseling in the past? No Yes; with who: _____

Describe briefly the major concern that brings you for counseling at this moment:

- I will notify LanceCounseling at least 24 hours in advance to cancel my appointment or be charged the regular fee.***
- I understand that if my check is returned due to insufficient funds, LanceCounseling will charge a \$25.00 fee.***
- I have read the Disclosure Statement and have had an opportunity to ask any questions, thus consent to counseling.***

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature of Parent or Guardian if client is under 18 years of age