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Date _____

Full Name _____ Social Security Number _____

Date of Birth _____ Age _____

Full Name _____ Social Security Number _____

Date of Birth _____ Age _____

Home Address _____

May we send information to the Home Address? **YES NO**

***If you answered "NO", please provide an alternate mailing address

Home Phone _____ May we contact you at this number? **YES NO** _____ (initials)
May we leave a message? **YES NO**

Cell Phone _____ May we contact you at this number? **YES NO** _____ (initials)
May we leave a message? **YES NO**

Work Phone _____ May we contact you at this number? **YES NO** _____ (initials)
May we leave a message? **YES NO**

Emergency Contact
Name _____

Relationship to Client _____

Address _____ Phone Number (primary) _____

(secondary) _____

Religious Affiliation (optional) _____

Marital Status (circle one) Married Single Divorced Widowed

Spouse's / Partner's / Parent's Name _____

Address (if different) _____

Children's Names _____ D.O.B. _____ Age _____ School _____

_____ D.O.B. _____ Age _____ School _____

_____ D.O.B. _____ Age _____ School _____

_____ D.O.B. _____ Age _____ School _____