

Which phrase best describes your racial/ethnic background? (This information is completely confidential and is used for grant applications and occasional research purposes.)

- African-American/Black (non-Hispanic)
- American Indian/Alaskan Native
- Caucasian-American/White (non-Hispanic)
- Mexican-American/Chicano/Latino
- Asian-American/Pacific Islander
- Puerto Rican/Cuban/Other Hispanic
- Multiracial
- Other
- I prefer not to respond.

Emergency Contact _____

Phone (home) _____
 (work) _____
 (cell) _____

Relationship to Client _____

Religion/Congregation _____

How did you hear about Westminster Counseling Center? _____

What are your reasons for seeking therapy at this time? _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the release of any medical information or other information necessary for billing or insurance claims processing. I agree that a reproduced copy of this original is as valid as the original.

 Signature Date

AUTHORIZATION TO PAY BENEFITS TO PROVIDER OF SERVICE

I authorize and request payment of medical benefits to the provider or supplier of services. I understand that I am responsible for all non-covered charges.

 Signature Date

If you would like to receive confidential blind copy emails of our monthly counselor column, "Counselor's Corner," please provide your email address. You may discontinue receiving them at any time.

- Yes, I would like to receive confidential emails of your column.

Signature _____ Email address _____ Date _____