



LIKE A PUZZLE - LIFE SOMETIMES HAS MISSING PIECES

1 ON 1 PERSONAL DEVELOPMENT, INC REQUEST FOR COUNSELING APPLICATION

Instructions: Thank you for requesting the counseling services for 1 on 1 Personal Development. Please take a few minutes to complete this application in its entirety. An asterisk * indicates required information. We understand the importance of maintaining the privacy of the information you submit; therefore, the **last four digits of your social** will be sufficient for the purpose of this application. However, for verification purposes, we do ask that you bring it with you at the time of the scheduled appointment. **P.O. Boxes are not acceptable for the address.**

I. APPLICATION SECTION:

*Type of Counseling Requested:

II. PERSONAL DATA:

*Full Legal Name: _____

*DOB: _____ Social Security # (last 4): _____

*Address: _____

*Telephone: Day () _____ Mobile () _____

*Email: _____

Have you ever received counseling () Yes () No if so please provide Dates _____ to _____

Provider: _____ Provider Address: _____

City _____ State _____ Zip Code _____



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III. MEDICAL:

Have you ever or do you feel:

() Suicidal yes____ no ____ () Depressed yes____ no ____

If yes, please explain: _____

() Desire to Harm yourself or others yes____ no ____

If yes, please explain: _____

Other: _____

Have you ever been prescribed psychotic medication? yes____ no ____

Are you on any type of medication? yes____ no ____

Please list _____

IV. References: Please list name, address, and phone number of three references (1-relative)

V. Availability: (Please indicate your best time)

12:00 – 3:00 pm Saturday or 2:00 pm – 4:00 pm (weekday TBD) will you be available?

() Yes () No

1 on 1 Personal Development will provide you with three counseling sessions at no cost to you. However, additional sessions may be available at a reduced rate.



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VI. Additional Information you would like to disclose:

*Signature: _____ *Date: _____

Thank you, we will respond within 48 hours confirm your scheduling.

