

# Renewing Life Center

All of the information received through this questionnaire is confidential.

**Please print:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ DOB \_\_\_\_\_ Male / Female Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: **Circle** preferred contact phone: (Home) \_\_\_\_\_ (Wk) \_\_\_\_\_ (Cell) \_\_\_\_\_

Is it okay to leave messages on your home telephone message device?	Yes	No
Is it okay to text message you? (Coming soon) Cell phone Carrier _____	Yes	No

**Marriage information:**

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed  
Spouse's name \_\_\_\_\_ Date of marriage: \_\_\_\_\_  
Have you ever been separated? \_\_\_\_\_ How long? \_\_\_\_\_  
Have either of you ever filed for divorce? \_\_\_\_\_ When? \_\_\_\_\_  
Number of children \_\_\_\_\_ Their ages: \_\_\_\_\_

**Previous Marriages:**

1. Year married: \_\_\_\_\_ How long: \_\_\_\_\_ Divorced ( ) Widowed ( )  
2. Year married: \_\_\_\_\_ How long: \_\_\_\_\_ Divorced ( ) Widowed ( )  
3. Year married: \_\_\_\_\_ How long: \_\_\_\_\_ Divorced ( ) Widowed ( )

**Personal Information:**

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
How long at present job: \_\_\_\_\_ Annual household income: \_\_\_\_\_  
Education: \_\_\_\_\_

**Faith background:**  Christian  None  Other \_\_\_\_\_

- Name of Church: \_\_\_\_\_
- Name of Pastor: \_\_\_\_\_

**Insurance Information (RLC only accepts BlueCross BlueShield, LifeSynch-Humana and Teachers Health Trust)**

Insurance Company \_\_\_\_\_ Group Number \_\_\_\_\_  
**Insured Party** \_\_\_\_\_ Employer: \_\_\_\_\_  
ID/SS # \_\_\_\_\_ Insured Date of Birth: \_\_\_\_\_

**Counseling Information:**

Who referred you to this counseling center? \_\_\_\_\_

Has any member of your family been here for counseling? Yes ( ) No ( )

Have you ever been to counseling, psychotherapy, or seen a psychiatrist? Yes ( ) No ( )

When? \_\_\_\_\_ Name of therapist: \_\_\_\_\_

Are you currently taking medication? Yes ( ) No ( )

- Type: \_\_\_\_\_
- Prescribed for what purpose: \_\_\_\_\_

**Person we can call in case of an emergency:**

- Name: \_\_\_\_\_ Relation: \_\_\_\_\_
- Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I would like to receive your quarterly E-news letter that gives helpful information on marriage and family issues and spiritual growth. My email \_\_\_\_\_

(Please print)

Renewing Life Center asks that you respect our "no animals" policy due to the noise factor and other people's allergies.