

**BRENTWOOD COUNSELING ASSOCIATES**  
**5200 Maryland Way, Suite 102**  
**Brentwood, TN 37027**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Okay to contact at home? yes \_\_\_\_\_ no \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Okay to contact on cell? yes \_\_\_\_\_ no \_\_\_\_\_

Work Phone: \_\_\_\_\_ Okay to contact at work? yes \_\_\_\_\_ no \_\_\_\_\_

Employer: \_\_\_\_\_

Marital Status:      Married \_\_\_\_\_      Single \_\_\_\_\_      Separated \_\_\_\_\_  
                                 Divorced \_\_\_\_\_      Widowed \_\_\_\_\_      Partnered \_\_\_\_\_

Spouse/Partner: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Okay to contact at home?: yes \_\_\_\_\_ no \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Okay to contact on cell?: yes \_\_\_\_\_ no \_\_\_\_\_

Work Phone: \_\_\_\_\_ Okay to contact at work?: yes \_\_\_\_\_ no \_\_\_\_\_

Employer: \_\_\_\_\_

Children: (name/age) \_\_\_\_\_  
\_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

How did you hear of us? \_\_\_\_\_

Presenting Problem: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Payment for counseling is expected at the time of service. I require 24 hour notice on all cancellations. Cancellations made "the day of" your appointment will result in a charge of **50% of my fee**. "No Shows" will result in a charge of **100% of my fee**. (Illness and emergency situations are exceptions.)

*I have read and understand the above statement concerning responsibility for payment.*

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date