

## New Creature Counseling

Name \_\_\_\_\_  
First Middle Last

Birth date \_\_\_\_\_

Address \_\_\_\_\_

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

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Children \_\_\_\_\_ Birth date \_\_\_\_\_

\_\_\_\_\_ Birth date \_\_\_\_\_

\_\_\_\_\_ Birth date \_\_\_\_\_

\_\_\_\_\_ Birth date \_\_\_\_\_

\_\_\_\_\_ Birth date \_\_\_\_\_

\_\_\_\_\_

If client is under 18, name of legal custodial parent or guardian \_\_\_\_\_

Address, if different than client \_\_\_\_\_

Do you as the legal custodial parent or guardian give your permission to release information to the noncustodial parent? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not applicable

I am this child's legal parent or guardian, and I give my permission to New Creature Counseling to provide ministerial counseling to my child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date