



# New Day Counseling

## Screening Form

1. Name
2. DOB
3. Phone Number
4. Email
5. Address (to determine location of counseling)
6. Referral Source? (what church/pastor)
7. Presenting Problem(s)
8. Duration of Presenting Problem(s)
9. Time available for counseling (specific days/morning/afternoon/evening?)
10. Counselor Preference – Male or Female? Or does it matter