



CENTER FOR COUNSELING AND MEDIATION SERVICES

NEW CLIENT INFORMATION

Stephanie Roth, MA

Florida Supreme Court Certified Family Mediator | Licensed Mental Health Counselor | Collaborative Divorce Facilitator
941-677-8195

Client Name: _____ Date of Birth: _____
[] Married [] Widowed [] Single [] Minor [] Separated [] Divorced [] Partnered for ____yrs

Home Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Employer/School: _____

Home Phone: _____ Ok to leave message? _____

Cell Phone: _____ Ok to leave message? _____ Ok to text regarding appts? _____

Person Responsible For Payment: _____

Credit Card to keep on file for session payment (optional): Shall attached authorization form

Household Members

Name	Age	Relationship	Are You His/Her Legal Guardian?	
_____	_____	_____	Yes _____	No _____
_____	_____	_____	Yes _____	No _____
_____	_____	_____	Yes _____	No _____
_____	_____	_____	Yes _____	No _____

What brings you in today? _____

What changes do you want to see as a result of counseling? _____
