



REQUEST FOR SERVICES FORM

Please print clearly

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

/ /

Date of Birth _____ Cell Phone _____ Home Phone _____ Email _____

Gender Male Female

Preferred form of communication Phone Text Email

Is it OK to leave a message? Yes No

Who came with you to your appointment today? _____

DEMOGRAPHICS			
Ethnicity	<input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Other _____		
Preferred Language	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Living Together <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Engaged		
Student Status	<input type="checkbox"/> NOT currently enrolled as a student <input type="checkbox"/> High School <input type="checkbox"/> College School attending _____		
If NOT student, education completed	<input type="checkbox"/> Some High School <input type="checkbox"/> Some College <input type="checkbox"/> High School or GED <input type="checkbox"/> College <input type="checkbox"/> Other _____		
What is your occupation?	_____		
OTHER INFORMATION			
How did you hear about our services?	<input type="checkbox"/> Church <input type="checkbox"/> Friend <input type="checkbox"/> Internet <input type="checkbox"/> Relative <input type="checkbox"/> School <input type="checkbox"/> Facebook/Instagram <input type="checkbox"/> Return client <input type="checkbox"/> Other _____		
SERVICES REQUESTED - CHECK <u>ALL</u> THAT APPLY			
Direct Services	Information	Referral	
<input type="checkbox"/> Mental Health Coaching <input type="checkbox"/> Counseling Referral <input type="checkbox"/> Community Resources <input type="checkbox"/> I am not sure, but know something needs to change	<input type="checkbox"/> Finances <input type="checkbox"/> Grief/Loss <input type="checkbox"/> Addiction <input type="checkbox"/> Depression/Anxiety <input type="checkbox"/> Suicide <input type="checkbox"/> Relationships <input type="checkbox"/> Parenting <input type="checkbox"/> Abortion Recovery <input type="checkbox"/> Abuse <input type="checkbox"/> Other _____	<input type="checkbox"/> Housing <input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Professional Counseling <input type="checkbox"/> Churches <input type="checkbox"/> Counseling <input type="checkbox"/> Mental Health Coach/Mentor <input type="checkbox"/> Other _____	

PLEASE READ AND SIGN THE BACK OF THIS FORM



REQUEST FOR SERVICES FORM

Please print clearly

- ***Pathways Coaching*** is not staffed by medical professionals and volunteers. Most of our volunteers do not have academic degrees in counseling fields, nor are they licensed by the state. The free information provided is not intended to be a substitute for professional assistance. We offer mental health coaching, mentoring, information on options, practical support, and community resources.
- ***Pathways Coaching*** is Faith-based, and not-for-profit and offers its services free of charge. We do not benefit financially from you or your decisions regarding your appointments with us.
- ***Pathways Coaching*** refers to medical providers, counselors, state/welfare agencies, etc., but is independent of such agencies and does not endorse or have a financial interest in any provider or agency. Clients release *Pathways Coaching* of any claims of any type or kind arising out of the use of these referrals.
- All information is kept strictly confidential, except if reporting laws apply or if we believe or hear that you are in danger of hurting yourself or others.
- Please immediately turn off all cell phones and any electronic devices with recording capabilities. For the privacy of our clients, our staff, coaches, and mentors do NOT consent to having any conversations recorded.

I have read, understood, & agree to the above & hereby authorize *Pathways Coaching* to render services for my care.

SIGNATURE: _____ **DATE:** _____

Volunteer/Staff Signature: _____ DATE: _____