



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

☐ Caucasian ☐ Hispanic ☐ Native American
☐ African American ☐ Asian ☐ Other _____

Preferred Language

☐ English ☐ Spanish ☐ Other _____

Marital Status

☐ Single ☐ Living Together ☐ Married
☐ Separated ☐ Divorced ☐ Engaged

Student Status

☐ NOT currently enrolled as a student
☐ High School ☐ College
 School attending _____

If NOT student, education completed

☐ Some High School ☐ Some College
☐ High School or GED ☐ College
☐ Other _____

What is your occupation?

OTHER INFORMATION

How did you hear about our services?

☐ Church ☐ Friend ☐ Internet ☐ Relative
☐ School ☐ Facebook/Instagram ☐ Return client
☐ Other _____

SERVICES REQUESTED – CHECK ALL THAT APPLY

Direct Services

☐ Mental Health Coaching
☐ Counseling Referral
☐ Community Resources
☐ I am not sure, but know something needs to change

Information

☐ Finances
☐ Grief/Loss
☐ Addiction
☐ Depression/Anxiety
☐ Suicide
☐ Relationships
☐ Parenting
☐ Abortion Recovery
☐ Abuse
☐ Other _____

Referral

☐ Housing
☐ Education
☐ Employment
☐ Domestic Violence
☐ Professional Counseling
☐ Churches
☐ Counseling
☐ Mental Health Coach/Mentor
☐ 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: _____