

# **Bottom Line Counseling Ministry**

A Pastoral Ministry of the Northwest Georgia and Lookout Valley Baptist Associations.

63 Pin Oak Drive  
Rock Spring, GA 30739

Office: (706) 764-1951  
Fax : (706) 764-1959

## **Counselee Personal Information Sheet** (please print)

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

Preferred name (if any) \_\_\_\_\_ Birth Date \_\_\_\_\_ (required)

Home Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

Mailing Address (if different) \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Employed at: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Job Title: \_\_\_\_\_

May we contact you to remind you of your appointments?  Yes  No

Rank (1<sup>st</sup>, 2<sup>nd</sup>, etc):  Home  Cell  Work  E-Mail

Emergency Contact: Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

*To comply with our Pastoral Counseling policy, we need a copy of your Driver's License or other picture ID.*

How did you hear about Bottom Line Counseling? \_\_\_\_\_

Do you attend church?  Yes  No Are you a member?  Yes  No

Church Name: \_\_\_\_\_

***All of the information given above is accurate and true to the best of my knowledge.***

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_