

**Barbara Pope Musser, M.A. LMFT
Licensed Marriage and Family Therapist MT#0194
Christian Counselor**

Name: _____ **Date of Birth:** _____

Spouse: _____ **Date of Birth:** _____

Address: _____

Home Phone: _____ **Work:** _____ **Cell:** _____

E-mail address: _____

Employment: _____ **Occupation:** _____

Church: _____ **Pastor:** _____

Family Status: Married _ Single _ Divorced _ Separated _ Widow _

Children: (Name(s) and age(s)) _____

Previous Counseling: When: _____ **Who:** _____

Reason: _____

Who referred you to me: _____ **May I acknowledge this? Yes/No**

Reason for counseling now: _____

Medical: Medication: _____

Supervising Physician: _____