



Confidential information

Cover Sheet

We are pleased at Respite For Change Inc. that you have chosen us to partner with you in your journey to healing and restoration. We are committed to putting forth every effort to changing one life at a time. We are very excited to beginning this journey with you. Please complete the attached client registration form to the best of your ability and return to us via fax or email to:

Fax- 561-693-3486

Email: respitforchange@gmail.com

Feel free to reach out by phone at 772-924-8229
or text at 772-206-9273



Client information /Registration

Last Name _____ First Name _____

Address _____

City _____ State / Zip _____ Phone # _____

Birthdate _____ Gender _____ Marital Status _____

Email _____ Fax _____

Religious preference _____ Do you attend Church: ___Y ___N

Occupation / Employer _____

Please list current medications _____

Name / phone of mental Health provider _____

How did you learn about our services? _____

Responsible Party Information (*if different from client*)

Last Name _____ First Name _____

Address _____

City _____ State/Zip _____ Phone # _____

Emergency Contact _____ Relationship _____

Phone # _____

Counseling being requested: [] individual [] pre-marital [] couples [] deliverance

What do you expect to achieve? _____

Payment for services:

The intent purpose of the Respite for Change Licensed Counselor is to counsel you with the help of the Lord Jesus Christ, the word of God and the skills acquired by professional training and experience. The fee for the services include a Temperament Analysis Profile (APS) testing to determine the individual temperament of our clients. Counseling fees start at the rate \$80.00 for one hour, plus the one-time fee of \$30.00 for the APS testing. For your convenience, payments can be made right on our website at: www.respiteforchange.com at the time of scheduling your appointment. We reserve the right to charge \$25.00 for cancellations of less than 24 hours' notice.

I have read and understand the information contained in this form.

Signature _____ Date _____