

New Day Women's Center
5575 Lake Park Way, Suite 106
La Mesa, CA 91942
(619) 713-1544

Application for Services Form

Date: _____ Referred by: _____

Interested in: Individual Counseling Couple Counseling Group Counseling
 Support Group Mentoring Workshops

Name: _____ Phone: _____

Address: _____ State: _____

City: _____ Zip: _____ Email: _____

Date of Birth: _____ Age: _____

Marital Status: Single/Never Married Single/Widowed Married Separated Divorced

Total Number in Household: _____ Number of Children in Household: _____

Reason for seeking counseling: _____

Previous Counseling Experience (please include name of counselor and dates of therapy)

Inpatient: _____

Outpatient: _____

Demographic Information (optional and is used without names for grant proposals, donor reports and determining services/rates)

Household Monthly Income: _____ Insurance Info: _____

Age Range: 12-17 18-25 26-34 35-44 45-54 55-64 65+ Sex: Male Female

Race/Ethnicity: Middle Eastern/North African Black/African American Hispanic/Latino Asian
 American Indian/Alaska Native Native Hawaiian/Other Pacific Islander White/Caucasian

For Office Use

Intake by: _____ Given to clinician: _____

Referrals made: _____ Handouts given: _____

Recommendations made: _____

Days Available: _____ Scholarship SS Rate: _____

Follow up needed by NDWC? _____

Follow up notes: _____