

# William Temple House

2023 NW Hoyt Street - Portland, Oregon 97209  
PH 503/226-3021 - FAX 503/223-7836

## Nurturing Connection: Developing Healthy Relationships

**PLEASE PRINT** Information on this form will help us to better serve you.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number City State Zip

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

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

D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: \_\_\_\_\_

Are you a current client at William Temple House? \_\_\_\_ Yes \_\_\_\_ No

If yes: Who is your counselor? \_\_\_\_\_

What program(s) are you in: \_\_\_\_ Individual Counseling \_\_\_\_ Family/Couples Counseling

If no: Who referred you to us (please specify):

Referred by.....	Enter specific name:	Referred by.....	Enter specific name:
Academic Institution:		Crisis Line:	
Advertisement:		Mental Health Provider:	
Agency:		Friend/Family:	
Church:		Other:	

I will do my best to attend every session:

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature of WTH counselor: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_