

# A NEW HEART COUNSELING L.L.C.

## GENERAL INFORMATION

Date: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Home phone \_\_\_\_\_ Work \_\_\_\_\_

Marital Status \_\_\_\_\_ Spouse's name \_\_\_\_\_

Children & ages \_\_\_\_\_

\_\_\_\_\_

Place of employment \_\_\_\_\_

Referred by \_\_\_\_\_

### CANCELLATION POLICY

I request that cancellations be made 24 hours in advance (except in emergency situations). There will be a charge for appointments that are not cancelled in advance.

5110 S. Florida Ave., Suite 114 Lakeland, Fl. 33813  
(863) 286-9592