



Jill Hamilton Buss
Coaching and Counseling

New Client Form

Jillhamiltonbuss.com – 407-619-0410

jill@jillhamiltonbuss.com

First Name:	Last Name:
Street Address:	Date of Birth:
City, State, Zip Code:	Home Phone:
Primary Interest (Circle one if sure – leave blank if not sure yet): Coaching Counseling	Any Current Medications:
Email Address:	Cell:
Primary Physician:	Psychiatrist (if any):
Prior/Current Counseling? Yes No	Best Thing About YOU:
Emergency Contact Person (Relationship):	Emergency Person Contact Phone:
Marital Status	How did you hear about us?
Current Reason for exploring counseling (in a couple of sentences – hard I know):	

Today's Date: _____