

CONFIDENTIAL CLIENT INFORMATION—GROUPS  
12160 N. Abrams Road, Ste. 502  
Dallas, TX 75243

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Group you will be attending: \_\_\_\_\_

Date of Group—Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Group leader(s):

- Rick Polachek, MA, LPC  
SoJourney Christian Counseling, LLC
- Steve Johnson, MA, MABS, LPC  
Steve Johnson Christian Counseling, LLC
- Dianne L. Taylor, MA, LPC  
New Day Christian Counseling, LLC
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Today's Date: \_\_\_\_\_

**Personal Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

- Contact at home?*     Yes  No    *Leave a message at home?*     Yes  No  
*Contact at work?*     Yes  No    *Leave a message at work?*     Yes  No  
*Contact by email?*     Yes  No

Name of person(s) to contact in case of an emergency:

1. \_\_\_\_\_ Phone: \_\_\_\_\_  
2. \_\_\_\_\_ Phone: \_\_\_\_\_

Briefly state your reason(s) for deciding to join this group:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

