



Partners in Hope. Solutions for Life.

Safe Harbor
CHRISTIAN COUNSELING

Connecticut Main Office:
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Robert F. Hutter, Executive Director

NEW CLIENT APPOINTMENT FORM

Instructions: Complete this form and attach in an email to our client service representatives ruth@safeharbor1.com and lisa@safeharbor1.com

Thank you!

Today's date: _____

Name: _____ **Phone:** _____

Address: _____

Insurance Co. _____ **Phone:** _____

Insurance Subscriber: _____

Date of birth: _____

Subscriber Policy #: _____ **Group#:** _____

Subscriber SS#: _____

Subscriber employer: _____

Client's relationship to subscriber: _____

Client's date of birth (if not subscriber): _____

Desired appointment day (if any): _____

Desired appointment time: _____

Desired therapist name (if any): _____

Desired location(s): _____

Brief explanation for seeking counseling: _____

How did you hear about Safe Harbor? _____