

Form #9

**TELEPHONE CONTACT CHECKLIST**

Name of Counselor: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

Telephone: Home \_\_\_\_\_ Office \_\_\_\_\_

1. Is this your first contact with our service? \_\_\_\_\_
2. Are you seeking counsel on: budget \_\_\_\_\_ business \_\_\_\_\_ debt \_\_\_\_\_ other \_\_\_\_\_ ?
3. How urgent is the need for counsel? \_\_\_\_\_
4. Will a telephone conference be enough? \_\_\_\_\_
5. Will both husband and wife attend? \_\_\_\_\_
6. Who referred you to us? \_\_\_\_\_
7. Are you a member of a church? \_\_\_\_\_ Which one? \_\_\_\_\_
8. Have you contacted your pastor for assistance? \_\_\_\_\_