

**Baldwin Counseling**  
**1492 South Independence Blvd. Suite 104 Virginia Beach, VA 23462**

## **Appointment Request form**

**Name \***

**Phone Number \***

First Name

Last Name

Area Code

Phone Number

**Name of Client (if different than above)**

**Client Date of Birth \***

First Name

Last Name

Month Day Year

**New Client \***

YES

NO

**If the client is under age 18 are you the legal guardian?**

YES

NO

**Email \***

example@example.com

**Services Requested \***

Individual Therapy/Family Therapy

Reconciliation Therapy

Military One Source

Co-Parenting

**What are your preferred appointment times? Please provide multiple options. \***

Important Note: Parents may only schedule children during their parenting time.