

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? _____