

## FAMILY LIFE CENTER APPOINTMENT & PERSONAL DATA RECORD

(See Privacy Act Statement on Page 2)

NAME OF SPONSOR: (Last, First, MI)		AGE	RANK
NAME OF SPOUSE: (Last, First, MI)		AGE	RANK
HOW LONG MARRIED:	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SPONSOR	<input type="checkbox"/> SPOUSE
UNIT:			
DUTY PHONE:		HOME PHONE:	
NAMES OF CHILDREN			AGE
a.			
b.			
c.			
d.			
e.			
HOME ADDRESS:			
HOSPITALIZATION WITHIN LAST 12 MONTHS?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
INITIAL INTERVIEW BY:			DATE:

## APPOINTMENT RECORD

**PLEASE CHECK THE APPROPRIATE BOX**

DATE:	<input type="checkbox"/> MADE	<input type="checkbox"/> CANCELLED	<input type="checkbox"/> NO SHOW
DATE:	<input type="checkbox"/> MADE	<input type="checkbox"/> CANCELLED	<input type="checkbox"/> NO SHOW
DATE:	<input type="checkbox"/> MADE	<input type="checkbox"/> CANCELLED	<input type="checkbox"/> NO SHOW
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DATE:	<input type="checkbox"/> MADE	<input type="checkbox"/> CANCELLED	<input type="checkbox"/> NO SHOW
DATE:	<input type="checkbox"/> MADE	<input type="checkbox"/> CANCELLED	<input type="checkbox"/> NO SHOW

**DATA REQUIRED BY THE PRIVACY ACT OF 1974  
(5 USC 552a)**

AUTHORITY; Title 44 USC, Section 3107.  
 PRINCIPAL PURPOSE: To record basic information to be used for personal, family and group counseling.  
 ROUTINE USES: To provide a record of basic statistical data and the number of completed or cancelled appointments.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: The disclosure of personal information is voluntary. Without the requested information a comprehensive counseling program will not be established.