

# Halsey Counseling and Educational Center

330 East Coffee Street  
Greenville, SC 29601

## Client Information Form

Client Name \_\_\_\_\_ New Client? ☐ Client Update? ☐  
Must be full, legal name of the person being seen for therapy

Address \_\_\_\_\_  
Street or PO Box City State Zip

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender ☐ M ☐ F

Home Phone \_\_\_\_\_ ☐ Y ☐ N  
May I leave a message?

Work Phone \_\_\_\_\_ ☐ Y ☐ N  
May I leave a message?

Other Phone \_\_\_\_\_ ☐ Y ☐ N  
Please identify May I leave a message?

Email: \_\_\_\_\_

### Client Marital Status

☐ Single ☐ Married ☐ Other

### Client Employed?

☐ Yes ☐ No

### Client Student Status

☐ Full Time ☐ Part Time

## How Did You Hear About My Practice? *\*Please be as specific as possible*

Name \_\_\_\_\_ ☐ Former/Current Client ☐ Yellow Pages ☐ Internet

☐ Healthcare Professional ☐ Mental Health Provider ☐ Insurance Company ☐ Word of Mouth

## Responsible Party Information *\*The responsible party will receive the bill for services. Please complete any information that differs from the client.*

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street or PO Box

Work Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

**Office Use Only** Therapist: \_\_\_\_\_ Diagnosis Code \_\_\_\_\_

Billing Notes \_\_\_\_\_