

Halsey Counseling and Educational Center

1326 Haywood Road, Ste. 101
Greenville, SC 29615
Phone: 864-527-5910 Fax: 864-527-5912

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 _____