

Client Information

Name: _____

Address in Tuscaloosa: _____

Address at Home (use address of primary insurance holder):

Client Contact Numbers: Do not leave any numbers you would prefer me not to use.

Home: _____ Cell: _____

Email _____

Where may I leave a message? _____

Is texting ok? yes no

Date of Birth: _____ Age: _____

Place of employment: _____

or

What year are you in school? _____

Have you received counseling services before? _____

If yes, for how long did you receive services?

Are you currently taking any medications? _____

If yes, please list all names and current medications:

Emergency Contact: _____

Financial Information

It is required to keep a current CC on file for no show fees and copays.

Credit card information

Number _____

EX date: _____ Code _____ billing zip code _____

For BC/BS holders

Your name as it appears on insurance card

Contract number

Group number

Provider Eligibility phone number (found on the back of card)

(We will fill this in at office)

Deductible

Copay _____

Limits _____