

Scarlett Williams, LPC

New Client Information

Date _____

Personal Information Please Print Clearly

Full Name _____

Date of Birth _____

Address _____

Phone: Mobile, and/or Land Line _____

INSURANCE_ - PLEASE PROVIDE ALL REQUESTED INFORMATION. PRINT CLEARLY.

PRIMARY Insurance CO. _____

Policy Holder's Name _____

Date of Birth _____ Sex M___ F___

POLICY HOLDERS'S ID # _____

EMPLOYER _____

CLIENTS RELATIONSHIP TO POLICY HOLDER SELF ___ SPOUSE___ CHILD _____

SECONDARY Insurance CO. _____

Policy Holder's Name _____ Date of Birth _____ Sex

M___ F___

POLICY HOLDERS'S ID # _____

EMPLOYER _____

CLIENTS RELATIONSHIP TO POLICY HOLDER SELF _____ SPOUCE_____

CHILD _____

NAME &
ADDRESS OF PERSON WHO WILL PAY FEES NOT COVERED BY INSURANCE