

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 ___ SPOUSE ___ CHILD ___

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

Name:

Address:

Phone:

Email: