Claudia McGrath
COUNSELING

1378 Hendersonville Rd Suite C
Asheville, NC 28803
(Blue Ridge Chiropractic)
828-279-9600

Client Information Form

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Age: _____

Phone Numbers (Please check preferred contact number)

☐Home: _____ ☐Work:_____ ☐Cell:_____

Email: _____

Reason for Services: _____

_____

Sex: _____ Race:_____ Veteran: Yes / No

Marital Status: _____

How did you hear about this counseling service? _____

Who referred you to this counseling service? _____

What circumstances brought you here: _____

Are you currently seeing anyone for mental health issues? _____

Who are you seeing? _____

What medication, if any, do you take? _____

Do you have any health problems? _____

Do you have any present legal charges? _____

Please read and date the following:

I understand that the payment of these services is my responsibility. I also understand that I have the financial obligation for the services that are not covered by my insurance company.

Client signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(Parental/Guardian Signature required if client is a minor)