

New Client Information Sheet

Balanced Counseling of San Antonio

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Personal Information:

Client Name: _____ Date of Birth: ___/___/___ Age: _____

Gender: Male Female

Marital Status (If Applicable): Married Single Divorced Widowed

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name (If client is a minor): _____

Parent/Guardian Date of Birth: ___/___/___

Contact Information:

Cell Phone: (____) ____ - ____ May We Leave a Message: Yes No

Home/ Secondary Phone: (____) ____ - ____ May We Leave a Message: Yes No

E-mail: _____ May We Email You? Yes No

**Please note: Email correspondence is not considered to be a confidential medium of communication.*

How did you hear about us? Friend/Family Internet Insurance Other _____

Insurance Information:

Primary Insurance Company: _____ ID#: _____

Employer's Name _____ Group ID#: _____

Secondary Insurance Company: _____ ID#: _____

Occupation (If Applicable):

Place of Employment: _____

Work Number: (____) ____ - ____ If necessary, is it OK to call here? Yes No

Emergency Contact:

Name: _____ Relationship: _____

Phone Number: (____) ____ - ____

I, the undersigned, understand that I am financially responsible for all charges whether or not my insurance pays. I hereby authorize the release of all information necessary to secure payment.

Signature: _____ Date: ___/___/___