

Counseling and Psychological Services of the Upstate

402 Pendleton Rd. #4

Clemson, SC 29631

864-633-0210

Client Name _____ Family Physician _____

Street Address _____ City _____ State _____ Zip _____

Current medications _____

Date of Birth _____ Age _____

Home Phone _____ Hours _____ Work Phone _____ Hours _____

Cellular Phone _____ Hours _____ May we call you at home? _____ At work? _____

Email _____ Please list an individual we have your permission to contact

Sex _____ Gender Identity _____ in case of emergency:

Marital Status of Patient _____

Social Security Number _____ Name: _____ Relationship: _____

If Client is a Child – School _____ Phone Number: _____

Grade _____ Teacher _____

Occupation _____

Employer _____ Are you now, or will you be, involved in a legal case which

Address _____ may require the testimony of your counselor? **Yes** ☐ **No** ☐

City _____ State _____ Zip _____

How did you **first** hear about our office?
(Please circle)

Physician

Family member

Friend

Our Website

Internet Search

Other _____

Insurance provider list

Newspaper

Phonebook

Attorney

Facebook/social media

Who referred you to our office? _____

Please Know That Insurance Cannot Be Filed Without Bolded Information

Insured Person Responsible for Payment (If different than client). _____ **Birthdate of Insured** _____

Street Address _____ **City** _____ **State** _____ **Zip** _____

Relationship to Patient _____ Social Security Number _____

Employer _____ Work Phone _____ Hours _____

Employer Address _____ City _____ State _____ Zip _____

Insurance Information

Name of Insurance Carrier _____

Insurance Phone # _____

Mailing Address _____ City _____ State _____ Zip _____

Insured Name _____ **Relationship to Patient** _____

Deductible \$ _____ **Policy #** _____ **Group #** _____ **ID#** _____

EmployerName _____

Worker's Compensation Claim # _____ Do you have other health insurance? _____