



Simplicity Counseling Services, PLLC

696-A North Spence Avenue, Goldsboro, NC 27534*(919) 330-4147

NEW OR UPDATED CLIENT PAPERWORK

NAME (LEGAL NAME OF PERSON BEING SEEN): _____

DATE OF BIRTH: _____ AGE: _____ TODAY'S DATE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE(S) HOME: _____ CELL: _____

CLIENT DEMOGRAPHICS:

GENDER: MALE FEMALE

MARITAL STATUS: SINGLE MARRIED SEPARATED DIVORCED WIDOWED

RACE: WHITE/CAUCASION/EURO AMERICAN BLACK/AFRICAN AMERICAN

LATINO NATIVE AMERICAN ASIAN OTHER _____

VETERAN: YES NO

LEGAL GUARDIAN (S): SELF OTHER _____

NOTICE: GUARDIANS **MUST** SUBMIT LEGAL PROOF OF GUARDIANSHIP PAPERWORK

REFERRAL SOURCE: _____

DOCTOR / NPI #: _____

EMPLOYMENT/SCHOOL NAME: _____

- FULL TIME PART TIME MILITARY RETIRED SELF EMPLOYED UNEMPLOYED
 DISABLED FULL TIME STUDENT PART TIME STUDENT

"Simplicity" means simple, understandable, and clarity



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****PLEASE PROVIDE A COPY OF YOUR CURRENT INSURANCE CARDS AND DRIVERS LICENSE****

HEALTH INSURANCE INFORMATION

PRIMARY INSURANCE: _____

POLICY HOLDER: _____ POLICY HOLDER DOB: _____

POLICY NUMBER: _____ GROUP NUMBER: _____

SECONDARY INSURANCE: _____

POLICY HOLDER: _____ POLICY HOLDER DOB: _____

POLICY NUMBER: _____ GROUP NUMBER: _____

PRIMARY CARE PROVIDER: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

PHARMACY: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

PSYCHIATRIC MEDICATIONS (PRINT OR PROVIDE A LIST):

IN CASE OF EMERGENCY CONTACT NAME: _____

RELATIONSHIP: _____ PHONE #: _____

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