CLARITY COUNSELING CENTER

Abbe Barclay, M.S.W.

CLIENT INFORMATION

Name____Date__________________________
Address____
City________________________________State________________________ Zip________
Home Phone______________________________ Cell Phone___________________________
Email Address____
Can we contact you at this email address? ❒ yes ❒ no
Date of Birth ___________________ Age_______Soc. Sec. Number_____________________
Relationship Status: ❒ Single ❒ Married ❒ Divorced ❒ Life Partner
❒ Significant Other ❒Other Spouse/Partner Name:______________
Who referred you to this office?____
Reason for Referral____
Employer____Occupation____________________
Business Phone________________________ May we contact you at work? ❒ yes ❒ no
Person Responsible for Account _______________________Relationship_______________
Address (if different from above) ____
City___________________State__________Zip_________ Home Phone_________________

List the names and ages of those currently residing in your household in addition to yourself:
Name ____________________ Age_____ Name_______________________ Age_________
Name ____________________ Age_____ Name_______________________ Age_________

Emergency Contact___________________________ Relationship_______________________
Address____
Home Phone___________________________ Work Phone_________________________

PAYMENT POLICY

1. Fees are due and payable at the time services are rendered.
2. A $25.00 service fee will be charged for all returned checks.
3. Failed appointments or cancellations with less than 48 hours notice will be billed at full rate.
4. Additional fees may be charged for long distance telephone calls, telephone consultations, or compilation of reports or records.
5. Information relating to appointment dates and fees may be releasted to a third party for the purposes of collecting delinquent accounts.
6. Clarity Counseling Center does not accept insurance assignments.

I understand the above policies and request the services of Clarity Counseling Center.

Client Signature____ Dated_______________