



201 Govt. Ave SW Suite 305 Hickory, NC 28602  
828-267-1740 Fax 828-267-1746

Client's Full Name: \_\_\_\_\_  
*(First, Middle Initial, Last)* Record Number: \_\_\_\_\_  
MID/NCHC ID#: \_\_\_\_\_  
Today's Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: Preferred (\_\_\_\_) \_\_\_\_\_ Secondary :(\_\_\_\_) \_\_\_\_\_ OK to contact you? \_\_\_\_\_

Client's DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Residing County: \_\_\_\_\_

Sex: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ Marital Status: \_\_\_\_\_  
*(Single, Married, Separated, Divorced) Please circle one.*

School Attending: \_\_\_\_\_ Allergies: \_\_\_\_\_ Race: \_\_\_\_\_  
*(Please list all) (African Am., Asian, Hispanic, White, etc.) \*\*Optional*

Name of Legal Guardian (if applicable): \_\_\_\_\_

**INSURANCE INFORMATION (PLEASE FILL OUT COMPLETELY)**

Name of insurance: \_\_\_\_\_ Policy No. \_\_\_\_\_

Policy holder's name: \_\_\_\_\_ AND Employer \_\_\_\_\_

Policy holder's date of birth: \_\_\_\_\_ Policy holder's phone number: \_\_\_\_\_

Policy holder's address: \_\_\_\_\_

Emergency Contact (someone other than legal guardian): \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship of emergency contact to client: \_\_\_\_\_

How did you hear of us? \_\_\_\_\_ *\*Please be specific. (Friend, advertisement, professional, physician, etc.)*

Medical Issues: \_\_\_\_\_

List All Medications: \_\_\_\_\_

Nature of your Mental Health concerns: \_\_\_\_\_