

HYGEIA COUNSELING SERVICESSM

a d u l t p s y c h o t h e r a p y



DEMOGRAPHIC & FINANCIAL INFORMATION SHEET

NAME: _____

LIVING ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

EMAIL: _____ (Usually just for appointment scheduling and administrative matters – not counseling)

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

HOME PHONE: _____ WORK PHONE: _____

GROSS FAMILY INCOME: \$ _____

SOURCE OF INCOME (circle): Employment (Self) Employment (Spouse)
Workmen's Compensation Unemployment
Child Support SSI SSDI Alimony

MARITAL STATUS (circle): Never Married Married Separated
Divorced Widowed

APPLICANT:

OCCUPATION: _____ EMPLOYER: _____

ADDRESS: _____

PHONE: _____

SPOUSE:

OCCUPATION: _____ EMPLOYER: _____

ADDRESS: _____

PHONE: _____

I certify that the information given is accurate to the best of my knowledge. I understand that I am financially responsible to Michael Reeder (TA Hygeia Counseling Services) for services rendered. I understand that payment is due at time of service unless prior arrangements have been made, and that services may be discontinued if payment is not made.

Client Signature

Version 12/8/06

Date

WASHINGTON & BALTIMORE LOCATIONS

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