



CounselSmith Cottage
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GENERAL INFORMATION

Date_____

Name _____ Birth Date _____
Month Day Year

Parent (if minor child) _____

Address _____
Street City/State Zip Code

Phone(Home) _____ (Work) _____ (Cell) _____
 Text reminders ok? yes no

e-mail _____

Employer _____ Address _____

Social Security Number _____

Medicaid Yes _____ No _____

Family Size _____ Married _____ Single _____ Divorced _____ Widowed _____

Income: Below \$15,000 _____ 15,000-36,000 _____ 36,000-65,000 _____ Over _____

Insurance
 (Please present card for photocopying)

Company _____ Policy Number _____

Address _____

Medications

Names: _____

Physicians _____