

Achieving Changes Counseling Services, PLLC

Outpatient Mental Health & Substance Abuse Services

3540 Clemmons Road, Suite 101, Clemmons, NC 27012

980.226.0414 (Office) 336.776.0091 (eFax)

Client's Full Name: _____ Date of Birth: ___/___/___

Address: _____

Primary Phone #: _____ Secondary Phone #: _____

Email: _____ Social Security #: _____ - _____ - _____

Do you prefer to be contacted via email, phone or text for appointment reminders? _____

Insurance Company: _____ Phone #: _____

Address: _____

Group #: _____ ID #: _____

Marital Status: _____ Gender: _____ Race: _____

Who (name/relationship) lives in the home with the client: _____

Others close to the client (family members, friends, religious affiliates, etc.) Name/relationship: _____

Presenting problems or symptoms: _____

Brief history of life events that might be affecting mental wellness: _____

Previous Diagnosis: _____

Current Medications: _____

Allergies: _____

Hobbies/Interests: _____

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To be completed for Minor's only:

Mother's Full Name: _____

Father's Full Name: _____

Other addresses if one or both parents live at a different address: _____

If Minor does not live with both parents:

Financially Responsible Guardian: _____

Relevant Custody Information: _____

By signing below you are agreeing to allow Achieving Changes Counseling Services, PLLC to send reminders via email, phone or text as indicated above.

____ Please initial if you are choosing to opt out of appointment notifications.

Client/Parent/Legal Guardian Signature

Date

Therapist Signature

Date