

Triad Counseling and Clinical Services, LLC

806 Green Valley Road Suite 301
Greensboro, NC 27408
336-272-8090 Office
336-272-0094 Fax

232 Woodrow Ave
High Point, NC 27262
336-882-2182 Office
336-882-8632 Fax

CLIENT UPDATE SHEET

Please Print

Date: _____

Name: _____

Address: _____
Street

_____ City State Zip

Phones: Home _____ Work _____ Cell _____

Date of Birth: Mo ___ Day ___ Year _____ Social Security # _____ - _____ - _____

Employer: _____

Who may we contact in an emergency?

Name Relationship Phone

Should this office file insurance for you? _____ yes _____ no

If yes, please give your insurance card to the business office.

INSURANCE AND PAYMENT INFORMATION

All professional services rendered charged to the client. I understand that this office files my insurance as a courtesy but the bill is my responsibility. I am responsible for all fees, including services not covered by insurance, unless expressly noted otherwise. It is customary to pay for services when rendered unless arrangements are made in advance.

Signature

Date