

**SUSAN E. HAMMONDS-WHITE, Ed.D**  
**Licensed Professional Counselor**  
**Mental Health Service Provider in Counseling**

**110 30<sup>th</sup> Ave. N., # 1**  
**Nashville, Tennessee 37203**

**sushammonds@bellsouth.net**  
**(615) 321-8624**

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Client's Last Name	First Name	Middle	Social Security No.	Today's Date
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Client's Date of Birth	Age	Sex	Relationship/Marital Status	Referral Source
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Street Address	City	State	Zip	Home Phone	Cell Phone
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Employer	Employer's street Address	City	State	Work Phone
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Spouse or Partner's Name (If applicable)	Social Security No.	Employer	Work Phone
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Nearest Relative/Friend	Relationship	Home Phone	Work Phone
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Personal Physician	Address	Phone	Date of Last Physical
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What has led you to choose counseling at this time?

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RESPONSIBLE PARTY INFORMATION

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Name of Person to be Billed	Street Address	Home Phone	Relationship
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Employer's Name and Street Address	City	State	Work Phone
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INSURANCE INFORMATION (if applicable)

Primary Coverage:

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Insurer's Name and Address	Policy or I.D. Number
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Group Name or Number	Subscriber's Name
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Secondary Coverage:

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Insurer's Name and Address	Policy or I.D. Number
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Group Name or Number	Subscriber's Name
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