



Full Circle Counseling & Wellness

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New Client Intake

Date _____

Name _____

Address _____

home phone _____ cell phone _____

Is it ok to leave messages regarding appointments on voicemail? ___ yes ___ no

Would you mind receiving texts? ___ yes ___ no

Email _____@_____

Would you like to receive email or text reminders of appointments? ___ text ___ email ___ neither

Date of Birth _____

Insurance Company _____ Provider ID # _____

Do you know what your co-pay is? ___ yes ___ no If yes, how much is your co-pay? _____

How did you find Full Circle Counseling & Wellness?

___ Facebook/Instagram ___ Website ___ Google ___ Bing ___ Yelp ___ Flyer ___ Psychology Today

Provider _____ Friend/Family _____

Other _____