Jessica Jacobson, M.Ed.
Licensed Professional Counselor
Clear Horizons Counseling, LLC
302 Tom Hall Street, Suite 5
Fort Mill, SC 29715

INFORMATION FORM

Client Last Name:	**First:**	**Middle:**	**Today's Date:**	
Sex: Male ☐ Female ☐	**Birth Date:**	**Age:**	**Race/Ethnicity:**	
Mother's Name:			**Mother's Phone:** (OK to Text? Yes □ No □)	**Father's Phone:** (OK to Text? Yes □ No □)
Mother's Address: (Street, City, State, Zip Code)			**Other Phone: (specify who)** (OK to Text? Yes □ No □)	
Father's Name:			**Email:** (OK to Email? Yes □ No □)	
Father's Address: (Street, City, State, Zip Code)			**Are you seeking counseling as part of a disability claim, divorce action or a court or legal action of any kind?** Yes ☐ No ☐ Specify:	
Client School Name:		**Grade:**	**IEP / 504?** Yes ☐ No ☐	
Primary Care Physician:			**Referred By:**	

IN CASE OF EMERGENCY

Contact Name:	**Phone:**

I consent to treatment with Clear Horizons Counseling, LLC and authorize the release of medical and any other information necessary to aid in out-of-network insurance claims.

Client / Parent Signature:	**Date:**

Thank you for providing this information!