

Behavioral Healthcare Services
Comfort Support Peace of Mind
1228 Country Club Road, Suite 800
Fairmont, WV 26554

Client Registration Form

Provider/Therapist/Counselor/Coach: Yolanda Hunter, APRN

Patient Demographic Information

Patient Name:	Social Security# (last 4 digits):
Street Address:	Date of Birth:
City, State, Zip Code:	Home Phone:
Gender:	Work Phone:
Email Address:	Mobile Phone:
Primary Physician:	Psychiatrist (if any):
Emergency Contact Person:	Emergency Contact Phone:
How did you hear about us?	Marital Status:

Responsible Party is the person who will be paying the per-session fee for services (leave blank if same as patient)

Responsible Party:	Home Phone:
Street Address:	Work Phone:



City, State, Zip Code:	Mobile Phone:
Relationship to Patient:	Responsible Party last 4 digits SSN:

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Insurance Information

Primary Insurance:	Policy Holder Name:
Company Address:	Policy Holder Date of Birth:
City, State, Zip Code:	Identification Number:
Company Phone:	Policy/Group Number:
Employer:	Policy Holder SSN:
Secondary Insurance:	Policy Holder Name:
Company Address:	Policy Holder Date of Birth:
City, State, Zip Code:	Identification Number:
Company Phone:	Policy/Group Number:

Employer:	Policy Holder SSN:
Reason for referral:	

Incomplete forms may cause a delay in scheduling client for initial intake. Thank you for referring your client to Solace Behavioral Healthcare Services, LLC.

Signature/Credentials:

_____ Date: Please fax to 304-534-8791 or may
email to Solacebehav@gmail.com