

- Call 864-278-0590
- Choose Option 1 to schedule an appointment
- Referral Code: Cancer Association
- Bring completed application to your first appointment

New Client Information Form – Individual/Family Counseling Updated 4/21/2025

*****Our program is for 8 free sessions with a local licensed therapist at Envision Counseling Services for currently diagnosed cancer patients and family members residing in Spartanburg or Cherokee counties******

PLEASE PRINT:

Date _____ First Name _____ Last Name _____

Relationship to Cancer Patient Self Spouse Child Parent Other _____

Sex: Female Male Date of Birth: _____ Race: White Black Hispanic Other

If Under 18 years of age, Parent/Guardian Name & Relationship _____

Address _____ City _____ State _____ ZIP _____

Telephone Numbers: May we identify ourselves and leave a message? *Please provide at least one contact number*

Home: _____ Yes No

Work: _____ Yes No

Cell: _____ Yes No

Other: _____ Yes No

Email _____

Reason for Therapy: _____

Household Income: _____ Per Month Per Year

Number of People Living in House _____

Have you or a family member been a client of the Cancer Association?

You: Currently Previously No Would like an application*

Family Member: Currently Previously No Would like an application*

Please complete Medical Release Form on 2nd page.

Fax, mail, or e-mail completed application and medical release to the addresses listed below.

Office Use Only:

Date Received _____ Date sent to therapist _____

Medical Release Form

Applicant Name (please print): _____

I do hereby give permission for the Cancer Association of Spartanburg & Cherokee Counties, Inc. to acquire/share medical information from/to the referring physician/therapist for patient assistance.

Applicant Signature (If Under the Age of 18, Parent/Guardian should sign below)

Parent/Guardian Name (Please Print)

Parent/Guardian Signature if Patient Under 18