

PERSONAL INFORMATION

Today's Date: _____

Name: _____ Date of Birth: _____
First Middle LastAddress: _____
Street City State/Zip Code

Phone: Home _____ Is it okay to leave a message at this number? _____

Phone: Work _____ Is it okay to leave a message at this number? _____

Phone: Cell _____ Is it okay to leave a message at this number? _____

E-mail address: _____ Okay to use this? _____

Emergency Contact: Name _____ Phone: _____

Alternate Phone: _____ Relationship to you: _____

Optional Information:**Relationship Status:** (please circle one) Single, In Significant Relationship, Domestic Partner, Married, Widowed, Separated, Divorced, Other _____**Profession/Employment:** Occupation: _____

Employed: (please circle one) Part-time Full-time Retired Looking for work

Name of employer: _____

Insurance Information: (This is only to enable us to help you determine what services may be covered and how you may apply for reimbursement. Lehmann Consulting does not currently process insurance payments.)

Insurance Company Name: _____

Group # _____ Policy # _____

If not the person named above – please include the following information:

Policy Holder/Subscriber Name: _____

Policy Holder Date of Birth: _____

Policy Holder Address: _____