

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 and Texting: These methods of communication are not considered to be confidential or secure but are very convenient for the purpose of exchanging information about appointments, billing and payments, and brief information about progress and contact. If you consent to the use of e-mail and texts, please complete the information below.

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

Phone Number for texts: _____ 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 determine what services may be covered and how you may apply for reimbursement. Lehmann Consulting does not process insurance payments.)

Insurance Company Name: _____

Group # _____ Policy # _____

Policy Holder's Name (if not person completing this form):
