

Peggy Haymes, MDiv., MA, LPC
Client information (please print)

Name

Home address _____ City _____ State _____ Zip _____

Phone: Home _____ Cell _____ Work _____

Birthdate _____ Age _____ E-mail _____

Employer _____ Occupation _____ Person referring you _____

Marital/partnership status _____ Persons living in your home _____

Personal physician _____ Emergency contact and phone number _____

Contact is permitted and messages may be left through (Circle all that apply)

home phone cell phone business phone e-mail postal service

As of 1/11, I am offering a free e-mail newsletter, Living Well, which features information for growth and healing.

_____ Yes, add me to the mailing list. I know I can unsubscribe at any time and my information will not be shared.

_____ No, thank you.

INSURANCE INFORMATION

Primary Insurance Company: ___ MedCost ___ BCBS ___ Other: _____

Relationship of Insured to Client: ___ Self ___ Spouse ___ Guardian ___ Other

Signature of Client

Signature of Insured