"Helping individuals, families, and communities strive for better health"

CLIENT PROFILE-*ADULT*

SSN _____-____-______

Name ____ DOB ________ Age_____
(Last Name, First Name Middle Initial)

Race _________________Sex _______ Marital Status *circle one*: **Single/ Married/ Separated/ Divorced /Widowed**

Address____________________________ City _________________ State _____ Zip_____

Home Phone _____________ Work Phone _______________ Cell Phone _______________

Please list a ***private*** number where we are able to leave messages that may contain information about your appointment _______________ _________
Please only list one Initial

Email ___________________________________ Occupation ___________________________

Employer ____

Problem Summary ____
____
____

Current Medications____
____

Primary Care Physician (PCP)

Physician's Name ______________________ Phone ______________ Fax ______________

Address ____

Emergency Contact

In the case of an emergency, who should we contact?
Name __________________ Number ______________ Relationship to Client ___________

Internal Use Only

IDs	INS Card	QBP	S	U	E

Continued on page 2

CLIENT PROFILE Continued-*ADULT*

Pharmacy Information

Pharmacy Name ____________________ Phone __________________ Fax __________________

Address ____

City ______________ State _____ Zip ________

How did you hear about us? *Circle one*

Newspaper Magazine Internet Physician referral Other _____________
(Please List)

Referring Physician/ Clinician Information

Name __________________________ Phone _____________________ Fax _______________

Address ________________________ City _____________ State ______ Zip _____________

Payment Agreement:

I authorize payment of medical benefits to Mindfull Strategies, LLC or supplier for services rendered.

Sign (Client) _______________________________ Date _______________

I hereby agree to pay all applicable fees for services received at Mindfull Strategies, LLC. I understand that all payments are due in full at the time of service.

Sign (Client) _______________________________ Date _______________

Updated 03/10/2010

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