

# Quest Counseling LLC

Initiative.Imagination.Individuality

Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City Zip

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_

Can messages from Quest Counseling be left at any of these phone numbers ? \_\_\_\_\_  
Yes/No

If yes, please provide the number (\_\_\_\_) \_\_\_\_\_

SSN # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Marital Status: Single Married Divorce Widow

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Address \_\_\_\_\_  
Street City State Zip

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## PARENTS INFORMATION ( If Minor )

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Address \_\_\_\_\_  
Street City State Zip

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## EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

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Referred By \_\_\_\_\_

## INSURANCE INFORMATION

\*If you have Medical Insurance, a copy of your Insurance Card and Identification Card is required for our records\*

Name of Insured \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_

Are you currently insured by a secondary insurance carrier Yes \_\_\_ No \_\_\_

Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_