

Quest Counseling LLC
Initiative Imagination Individuality
Charlayne Wall, MS, LCPC

Name _____

Date of Birth ____/____/____

Address _____
Street City Zip

Best phone number to reach you _____

Can messages from Quest Counseling be left at this phone number? Yes ___ No ___

SSN # _____-_____-_____

Marital Status: Single Married Divorce Widow

Employer _____ Occupation _____

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PARENTS INFORMATION (If Minor)

Name _____

Employer _____ Occupation _____

Emergency Contact _____ Relationship _____

Phone (____) _____

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Referred By _____

101 11th Ave South Nampa ID, 38651
208-615-3956

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 _____

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Signature _____

Date ___/___/___