

**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

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

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PARENTS INFORMATION (If Minor)

Name \_\_\_\_\_

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 \_\_\_\_\_

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Signature \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_