

# LIVE WELL COUNSELING & TRAINING

Theresa Wray LCSW LCADC  
Linwood Professional Plaza  
2021 New Road; Unit 10  
Linwood NJ 08221

## REGISTRATION

Client Name:	DOB:	Age:
SS#:	Cell/Phone:	
Email:		
Address/City/State/Zip:		
Employer & Occupation:		

## EMERGENCY CONTACT

Emergency Contact 1's Name:	Relationship:
Email:	Cell/Phone:
Address/City/State/Zip:	
<i>Important Notice: If there are any changes to the above identified information, please inform your therapist</i>	

## INSURANCE INFORMATION

<b>Primary Insurance:</b>	Member ID#:
Effective Date:	Group #:
Policy Holder:	Employer/Occupation:
DOB:	Relationship to Client:
Cell/Phone:	Co-Pay:
Co-Insurance:	Deductible:

<b>Secondary Insurance:</b>	Member ID#:
Effective Date:	Group #:
Policy Holder:	Employer/Occupation:
DOB:	Relationship to Client:
Cell/Phone:	Co-Pay:

I agree to receive appointment reminders and scheduling messages via SMS from Live Well Counseling and Training. Message frequency varies. Message & data rates may apply. Reply STOP to opt out, HELP for help. Consent is not a condition of receiving service.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date