

The Personal Wellness Center

6508 Deer Pointe Drive, Ste. 4C, Salisbury, Maryland 21804
Telephone: 410-742-6016

PERSONAL INFORMATION

****Upon arrival please submit insurance card and driver's license (to be copied), referrals and any other applicable paperwork. Thank you****

Today's date: _____

First Name: _____ Middle Name _____ Last Name: _____

Birthdate: _____ Age: _____ Sex: M F Race: _____

Marital Status: M S D W Sep Spouse's full name: _____

Address: _____

City

State

Zip Code

E-mail address: _____

****If you prefer not to be included in our monthly newsletter, please let us know****

Phone Number: _____
Home Cell Office

****If you prefer not to be contacted at any of the numbers you listed above, please indicate****

Person to contact in case of emergency: _____

Phone #: _____ Relationship _____

Name, address, phone # for person responsible for payment: _____

Referred to The Personal Wellness Center by _____

Name, of primary care physician _____

Have you ever had counseling or therapy prior to today? Y N

Previous Diagnosis: _____

History of mental health illness in the family Y N

Known diagnoses: _____

Your highest level of education: _____

