

PEACE OF MIND WELLNESS

712 Summit Ave, Oconomowoc, WI 53066 | (262) 226-2006 | ofmindwellness.com

CLIENT INFORMATION FORM

Please complete this form and include a copy of the insurance card (front and back).

CLIENT

Full Name:

Last: _____ First: _____ Middle: _____

Address:

Street: _____

City: _____ State: _____ Zip: _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

Date of Birth: ____ / ____ / ____ Sex: ☐ M ☐ F Social Security Number: _____

Marital Status: ☐ Minor ☐ Single ☐ Married

RESPONSIBLE PARTY

(If different from client)

Full Name:

Last: _____ First: _____ Middle: _____

Address:

Street: _____

City: _____ State: _____ Zip: _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

Date of Birth: ____ / ____ / ____ Sex: ☐ M ☐ F Social Security Number: _____

Relationship to Client: _____

INSURANCE INFORMATION

Primary Insurance

Policyholder's Full Name:

Last: _____ First: _____ Middle: _____

Policyholder's Address:

Street: _____

City: _____ State: _____ Zip: _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

Date of Birth: ____ / ____ / _____ Sex: ☐ M ☐ F

Social Security Number: _____

Relationship to Client: _____

Insurance Company: _____

Claims Address:

City: _____ State: _____ Zip: _____

Insurance Phone Number: _____

Policy/ID Number: _____ Group Number: _____

Secondary Insurance

Policyholder's Full Name:

Last: _____ First: _____ Middle: _____

Policyholder's Address:

Street: _____

City: _____ State: _____ Zip: _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

Date of Birth: ____ / ____ / _____ Sex: ☐ M ☐ F

Social Security Number: _____

Relationship to Client: _____

Insurance Company: _____

Claims Address:

City: _____ State: _____ Zip: _____

Insurance Phone Number: _____

Policy/ID Number: _____ **Group Number:** _____

Do you have additional insurance? ☐ Yes ☐ No

Please provide the same information for any additional insurance.