

# Williamsburg Wellness Counseling Center

1769 Jamestown Road, Suite 118

Williamsburg, VA 23185

Phone 757-345-2460

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Client Name \_\_\_\_\_ SS# \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Last) (First) (Initial)

Physical / Mailing Address of Client \_\_\_\_\_  
(must match information on file with health insurance)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender ☐ M ☐ F Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Marital Status \_\_\_\_\_

☐ Employed ☐ Student Name of Employer / School \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Address \_\_\_\_\_

Name of Individual Responsible For Bill \_\_\_\_\_ Relationship \_\_\_\_\_  
(Last) (First) (Initial)

Address (if different from above) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_

Current Medical Problems \_\_\_\_\_

Current Medications \_\_\_\_\_

List Any Drug Allergies \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

May we contact your primary care physician or psychiatrist? ☐ Yes ☐ No

Services Covered by Medical Insurance? ☐ Yes ☐ No

**BENEFITS / SERVICES MUST HAVE  
BEEN CONFIRMED / PREAUTHORIZED  
PRIOR TO INITIAL VISIT**

Name of Insurance Company \_\_\_\_\_

Insurance Sponsor \_\_\_\_\_ Employer \_\_\_\_\_  
(Last) (First) (Initial)

Sponsor's Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relationship to Client \_\_\_\_\_ PH # \_\_\_\_\_

Sponsor's Home Address if Different from Above \_\_\_\_\_

Sponsor's SS# \_\_\_\_ / \_\_\_\_ / \_\_\_\_