Life in Balance Therapeutic Healing, LLC.

2180 A1A S - Suite 102 – Saint Augustine, FL 32080
Phone: 904.864.6077 Email: info@sarahquigglmhc.com Website:
www.sarahquigglmhc.com

CONFIDENTIAL CLIENT INFORMATION

Today's Date _____

Client's Name _____Date of Birth ____/_____/_____

Address _____ City_____ State _____ Zip_____

Home Phone _____Work Phone _____ Cell Phone _____

What phone number and/or who may we leave messages with: _____

I AGREE TO ELECTRONIC COMMUNICATION ☐ YES ☐ NO

Ethnicity_____ Email Address_____

Social Security # _____ Employer _____

Driver's License Number _____ State _____

Marital Status _____ Spouse's Name_____ DOB_____

Children's Names /DOB _____

Primary Care Physician _____ Date of last physical exam _____

Please list any medications you are taking as well as the prescribing doctor / psychiatrist: _____

_____

_____

_____

Please tell us why you are here today, what you would like us to help you with:

_____

_____

_____

_____

What are your specific goals of our working together? _____

_____

_____

_____

And most importantly – how will we know when we are done? What will life look like?

_____

_____

_____