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The Balanced Path Wellness Center
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Medway, MA 02053
774-573-1644

Identifying Information

Today's Date: _____

Name: _____ Parent/Guardian (if under 18): _____
Date of Birth: _____ Home Phone: _____
Address: _____ Cell Phone: _____
_____ E-mail address: _____

Insurance Information:

Emergency Contact Information:

Insurance Co. _____ Name: _____
Member ID # _____ Relationship: _____
Name of Subscriber: _____ Phone: _____
DOB of Subscriber: _____
Relationship: _____
Address (if different) _____

-How were you referred to me (please be specific)?

Doctor/Other Provider _____ Friend/Family Member _____
Internet site: _____ Insurance Company _____
Other _____

Would you like to receive automated appointment reminders? Would you prefer text or email?

Would you like to utilize the online scheduling service? If so, choose a username.

Current Medical Issues:

Current Medications:

Current Primary Care Physician (name, address, phone):

Client Signature

Date