Family Journeys, LLC Laurie Wallace, LMFT (229) 588-4051 laurie.wallace@familyjourneys.net

Name of family or individual to be seen:

Date of birth of primary patient:
Age:
Sex:
Primary phone #:
Mailing address:
Email:

Employer:

If patient is a minor, please fill out this section:

Legal Guardian's name:
Relationship to patient:
Primary Insurance: Holder Name:
Member or Benefit #:
Date of Birth of holder of the insurance:

Who referred you to this office?
Sign here if we have permission to send bills via email? _____

Can you give a brief description of what you seek from therapy? You may want more than one person to fill out this section if more than one person is attending therapy with you.

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