

**Healing & Refuge Centre', LLC
E. LaMonica Williams, MSW, LCSW
250. N. Rock Rd. Suite 300F
Wichita, Ks**

REGISTRATION

Date: _____

PERSONAL INFORMATION (indicate with a star the preferred way to contact you)

Name: _____ Date of birth: _____

Address: _____ Employer: _____

City: _____ State _____ Zip _____ Email: _____

Home Phone _____ Work Phone: _____

Circle Status: single married Domestic Partner Cell Phone: _____

Referred to me by: _____

RESPONSIBLE PARTY (If client is a minor)

Parent Name: _____ Spouse Name _____

Address: _____

(If different than above)

City/Zip: _____

Primary Insurance: _____ ID# _____

Group# _____ Date of Birth: _____

Policy Holder's Address if different from client: _____

Policy Holder's Phone number if different from client: _____

Policy Holder's Social Security Number: _____

Policy Holder's Employer: _____

Secondary Insurance: _____ ID# _____

Group# _____ Date of Birth: _____

Policy Holder's Address if different from client: _____

Policy Holder's Phone number if different from client: _____

Policy Holder's Social Security Number: _____

Policy Holder's Employer: _____

Parent Name: _____ Spouse Name: _____

Address: _____

(If different than above)

City/Zip: _____

Business Phone: _____

Home Phone: _____ Cell Phone: _____

EMERGENCY CONTACT

Name: _____ Cell Phone: _____

Home Phone: _____ Business Phone: _____