

Peace of Mind Counseling LLC
Shawna Puntney M.S LPC, NCC
301 Thelma Dr #222
Casper, Wy 82609-2325
307-262-5810

Client Information (Please Print Clearly)

Client Last Name: _____

Client First Name: _____

Date of Birth: _____ Age: _____ Male/ Female (please circle)

Clients Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Phone for Reminder Calls: _____

Legal guardian Names (if different): _____

Responsible Party For Fees Incurred

Last Name: _____ First Name: _____

Mailing Address (for invoice purposes): _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ SSN# _____

Insurance Information

Insurance Company _____

Claim Address _____

Phone # _____ Precertification Phone # _____

Group: _____ Policy #: _____

Policy Holder: _____ Policy Holders Date of Birth _____

Policy Holder Employer; _____

Policy Holder SSN _____ Relationship to client _____

Policy Holder address: _____

Policy Holder Phone #: _____