

# The Present Center for Mindfulness and Healing LLC

2607 North Harrison Street  
Wilmington DE 19802

[www.presentcenter.net](http://www.presentcenter.net)  
267-254-2111

2 Cub Lake Road  
Byram Township, NJ 07821

We welcome you!

Please Tell Us A Little About You.....

Current Legal Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

How do you Prefer to be Contacted: Home Work Cell E-mail

May our office call and leave a message for you at:

Home: Yes or No

Work: Yes or No

Cell: Yes or No

May our office contact you at the email address above? Yes or No

Special instructions about leaving messages: \_\_\_\_\_

Who may we contact in case of an emergency?

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

What is your emergency contact's relationship to you? \_\_\_\_\_

Who may we thank for referring you? \_\_\_\_\_

**Health Insurance Information**

If you are not using insurance it's ok to skip to the next section.

Name of Insured \_\_\_\_\_ Insurance Company \_\_\_\_\_

Member ID \_\_\_\_\_ Phone (on Back of Card) \_\_\_\_\_

Group Number \_\_\_\_\_ Employer \_\_\_\_\_

**Person Responsible for the Bill (if other than self):**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

\_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth \_\_\_\_\_

What is the Relationship of the Above Payor to You? \_\_\_\_\_

- I understand that I am responsible for the payment of my bill in full. If I plan to submit my expenses to insurance, I can request a receipt with the required information.
  
- I also understand that a minimum of 24 hour notice must be given to cancel an appointment or I may be charged a fee of \$75.00 for the missed session.

Signature \_\_\_\_\_ Date \_\_\_\_\_