

*Pathways to Success*  
**Application for Services**

Names \_\_\_\_\_

Home Address \_\_\_\_\_

City & Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phones \_\_\_\_\_

Birthdates \_\_\_\_\_ If you have children, what ages? \_\_\_\_\_

Occupations \_\_\_\_\_

Employer of Insured \_\_\_\_\_

Employer Address \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group Name/# \_\_\_\_\_

Insurance Phone \_\_\_\_\_ Coverage is in which name? \_\_\_\_\_

Insurance Claims Address \_\_\_\_\_

In case of an emergency, contact \_\_\_\_\_

Emergency contact's relationship to you \_\_\_\_\_

Emergency contact home phone \_\_\_\_\_

Emergency contact alternate phone (work or cel) \_\_\_\_\_

Primary care physician(s)\*\* \_\_\_\_\_

Current medications \_\_\_\_\_

\_\_\_\_\_

Describe medical problems (including pain) \_\_\_\_\_

\_\_\_\_\_

Referred by \_\_\_\_\_ May I thank the referral source? Yes No

Would you like to be added to [paths2success.com](http://paths2success.com) email list for future informational mailings?  
(Your information will not be shared with any other source.) Yes No

\*\* I recommend that you consult with your doctor if you are about to make a significant change in your: (1) nutritional intake, (2) exercise habits, or (3) you have decided to quit the use of alcohol and have been a regular and/or heavy drinker.