

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

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

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

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cel \_\_\_\_\_

Marital Status \_\_\_\_\_ If you have children, their ages \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

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

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

Insurance Phone \_\_\_\_\_ Is coverage in your 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\*\* \_\_\_\_\_

Current medications (and dosages, if known) \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Referred by \_\_\_\_\_ May I thank 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.