



Inner Peace Therapy Solutions, PLLC

Located in the Charlotte Center for Balanced Living

Client Information

Name M/F

Address

City State Zip Code

Date of Birth Marital Status Employer/School

Home and/ or Cell Phone ok to leave msg?

Responsible Party/Insurance Policy Holder

Name M/F

Address

City State Zip Code

Date of Birth Marital Status Employer/School

E-mail address Please initial here if it is okay for Lanier Mayhew (office manager) and your provider to use _____

Which is the best form of communication with you? _____

Name of referral source: _____

May we send them a thank you? _____