Kent A. Tompkins, MA, LPC, Cht
Licensed Psychotherapist, Certified Hypnotherapist

InVisionwellness, LLC
Ridgway Integrative Medicine

Client Name: ______________________ Date: ___/___/ 2007

Address: ______________________ Phone: ____________

City/St./Zip: ______________________ Birthdate: ____________

Referred By: ______________________ Soc. Sec. #: ____________

Previous Treatment: ______________________

Major Complaint: ______________________

Marital Status: __________ Name of Spouse: __________ Soc. Sec. #: ____________

Names and Ages of Children: ______________________

Others in Household: ______________________

Present Medical Status: __________ Physican: ____________

Current Medications/Dosages: ______________________

Employer: ______________________ Phone: ____________

Address: ______________________

Position: ______________________ How Long: ____________

Name of Insured: ______________________ Policy #: ____________

Insurance Company: ______________________ Group #: ____________

Address: ______________________

Credit Card # (optional) ______________ Expir. date ________ Security code _ _ _

Fee and Release Agreement: I understand that fees are due and payable at the time of service rendered. I authorize the RELEASE OF INFORMATION required to process this and future claims with my health insurance carrier and to the referral source; and I authorize payment of benefits to the service provider. I understand that I am responsible for payment of any fees NOT reimbursed by my insurance company. I agree to pay in full for any scheduled appointment for which I FAIL TO APPEAR or DO NOT CANCEL at least 24 hours in advance. I agree to pay for telephone contacts of a therapeutic nature. I understand if this account iis 90 DAYS PAST DUE it will be turned over to a collection agency unless otherwise prearranged. Kent A. Tompkins is an individual practioner and has NO relationship with other therapists except those disclosed in therapy.

Signed: ______________________ Date ___/___/ 2007

DSM- IV Diagnosis (office use only-if applicable ______________

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FX: (970) 626-4171
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