



# PERSONAL ENRICHMENT SERVICES, INC.

## Contact Information

Office Location:  
2801 Buford Highway  
Suite 503  
Atlanta, GA 30329

For Information Contact:  
(770) 928-5130  
www.personalenrichmentservices.com  
pescounseling@bellsouth.net

The following information is needed in order for Personal Enrichment Services Inc. to maintain contact with you, and to bill for services provided. If you have questions on a section leave it blank and we will discuss when we review the forms.

**Name (Client):** \_\_\_\_\_

**Date of Birth (Client):** \_\_\_\_\_ **Social Security#** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_ **May I thank this person/organization?** \_\_\_Yes \_\_\_No

**Please specify your preferred method of contact as #1, #2, #3:** \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_ Regular Mail

**Please specify your preferred method of phone contact as #1, #2, #3?** \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Work

**Your Home street address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Your Home Phone:** \_\_\_\_\_ **If Mailing Address is different than home street address**

**then please specify:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Your Email:** \_\_\_\_\_ **Your Cell Phone:** \_\_\_\_\_

**Your Work street address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Your Work Phone:** \_\_\_\_\_ **Your Employer Name:** \_\_\_\_\_

**Who would you like for me to call in case of an emergency? Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

If an insurance company or EAP is assisting you with your payments please complete this section

EAP/Insurance Carrier----->	
ID/Policy #----->	
Group #----->	
Circle Policy Type	PPO POS PAR HMO EPO EAP Other:_____
Provider/Customer Service Phone #	
Authorization/Certification #----->	

**\*\*\*\*PLEASE COMPLETE SHADED AREAS OF FORMS\*\*\*\***