



CenterPath Wellness  
1117 – 119 Roosevelt Avenue, Plainfield, NJ 07060  
Tel 908.756.6870 | Fax 908.756.5566  
mycenterpath.org

**Personal Information**

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address/City/State/Zip Code:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Race: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Smoking Status: \_\_\_\_\_

Allergies: \_\_\_\_\_

Preferred Pharmacy:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Insurance**

Name of Insurance: \_\_\_\_\_

Member IC or Subscriber #: \_\_\_\_\_

Group #: \_\_\_\_\_

Start Date or Effective Date: \_\_\_\_\_

***Please note that all co-pays, co-insurance, deductibles, and outstanding balances are due at the time of appointment. Thank you***



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**Emergency Contact**

Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Phone #: \_\_\_\_\_

Diagnose(s): \_\_\_\_\_

Medications & Dosage: \_\_\_\_\_

**Referral Information**

Self

Doctor

Agency - Which one? \_\_\_\_\_

Hospital

Private Practice

Other: \_\_\_\_\_

**How did you hear about us?**

Internet Search

CenterPath Wellness Website

Social Media - Which one? \_\_\_\_\_

Friend

Former Patient

Other: \_\_\_\_\_

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