

# Healthy Bodies, Healthy Minds Workshop Registration Form

Located at:  
**Bayside Counseling**  
1921 Boston Post Rd #207 Westbrook, CT 06498  
(860) 399-9500 [www.baysidecounseling.net](http://www.baysidecounseling.net)

Please fill out the form below and mail it back to the address above.

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_

Are there any allergies we need to be made aware of with food:

\_\_\_\_\_

How did you hear about the workshop?

\_\_\_\_\_

**Healthy Bodies, Healthy Minds Adult Workshop is \$60.00 per session at a self-pay rate. State and commercial insurances are accepted. Please check which option of payment you prefer:**

I would like to self-pay \_\_\_\_\_ I would like to use my insurance \_\_\_\_\_

**If you have state or commercial insurance that you would like to use please provide the required information below:**

Insurance Company: \_\_\_\_\_  
Insurance ID#: \_\_\_\_\_ Group/Policy#: \_\_\_\_\_  
Name of person who carries Insurance: \_\_\_\_\_  
The insured person's Date of Birth: \_\_\_\_\_  
Phone # on card for Behavioral/Mental Health Services or Provider Services: \_\_\_\_\_

Insured Person Home Address and Home Phone# (if different from above):

\_\_\_\_\_

**Note: Cigna Insured clients must self-pay for the group. All clients using commercial insurance are responsible to pay their co-pay or pay \$60.00 each session towards their deductible as authorized through each individual plan.**

Please inform us of any special needs, mental health or medical concerns you would like us to know.

\_\_\_\_\_  
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