



Blue Mountain Counseling
Creating healthy relationships with self and others

Date of First Visit _____ **Referred by** _____

Full Name _____

Soc. Sec. #. _____ - _____ - _____ **Date of Birth** ____/____/____ **Age** _____

Marital Status (please circle): single married divorced other _____

Home Address _____ **Home phone** (____) _____

_____ **Cell phone** (____) _____

_____ **Email** _____

Employer _____ **Work Phone** (____) _____

I prefer to be contacted by : ___ cell ___ email ___ other, please list: _____

Physician Name _____ **Phone** _____

Address _____

May we contact your physician to coordinate care? yes _____ no _____

Psychiatrist Name _____ **Phone** _____

Address _____

May we contact your psychiatrist to coordinate care? yes _____ no _____

Children and/or others living at home: name, age, relationship

Please briefly describe/summarize what has brought you to me, and what the primary issues are:

