



Jan Stone, MA, LPCC, NCC

A Mindfulness Approach to Individual and Couples Counseling and Psychotherapy
3900 Juan Tabo NE, Albuquerque NM 87111
(505) 610-9214 FAX: (505) 298-3939

Initial Appointment Date: _____
Initial Appointment Time: _____

Name(s): _____

Address: _____
City: _____ State: ___ Zip Code: _____

Email address: _____
Email address: _____

SSN: _____ SSN: _____
Date of Birth: _____ Date of Birth: _____
Age: _____ Age: _____
Mobile Phone: _____ Other Phone: _____
Mobile Phone: _____ Other Phone: _____

Gender: _____ Gender: _____

Single: ___ Separated: ___ (___# of months)
Married: ___ (___# of years) Divorced: ___ (___# of years)
Partnered: ___ (___# of years) Widowed: ___ (# of years)
Living w/someone: ___ (___# of years)

Employer: _____ Length of time: _____

Primary Care Physician: _____

Do you have an advance directive? YES ___ NO ___

Emergency Contact Name, Telephone #, and relationship to you:

Health problems, allergies, medications, vitamins, alternative medicines:

Reason for seeking services:

- | | | |
|---|--|-------------------------------------|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Child | <input type="checkbox"/> Medical |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Marital/domestic/relationship | <input type="checkbox"/> Elder Care |
| <input type="checkbox"/> Other Emotional | <input type="checkbox"/> Family | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Alcohol or Drug | <input type="checkbox"/> Domestic Violence (victim) | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Compulsive Gambling | <input type="checkbox"/> Domestic Violence (other) | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Other Addictive Behavior | <input type="checkbox"/> Career/Vocational | <input type="checkbox"/> Other |
| <input type="checkbox"/> Parenting | <input type="checkbox"/> Work-related | |

Referral Source:

Internet Insurance Therapist Friend/Family Other