



Individual & Couples Psychotherapy
A Mindfulness approach in healing, growing, and enriching life.
Telehealth/Online serving all areas of New Mexico
jan@janstonecounseling.com 505-610-9214

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 _____

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

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

Reason for seeking services:

___ Depression

___ Child

___ Medical

___ Anxiety

___ Marital/domestic/relationship

___ Elder Care

___ Other Emotional

___ Family

___ Trauma

___ Alcohol or Drug

___ Domestic Violence (victim)

___ Legal

___ Compulsive Gambling

___ Domestic Violence (other)

___ Financial

___ Other Addictive Behavior

___ Career/Vocational

___ Other

___ Parenting

___ Work-related

Referral Source:

___ Internet

___ Insurance

___ Therapist

___ Friend/Family

___ Other