



Jan Stone, MA, LPCC, NCC

A Mindfulness Approach to Individual and Couples
Counseling and Psychotherapy
3900 Juan Tabo NE, Suite 21, 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(s): _____

SSN: _____

Date(s) of Birth: _____

Mobile Phone: _____

Age(s): _____

Other Phone: _____

Gender: M F

Single:

Married: (___# of years)

Partnered: (___# of years)

Living w/someone: (___# of years)

Separated: (___# of months)

Divorced: (___# of years)

Widowed: (# 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:

Depression

Anxiety

Other Emotional

Alcohol or Drug

Compulsive Gambling

Other Addictive Behavior

Parenting

Child

Marital/domestic/relationship

Family

Domestic Violence (victim)

Domestic Violence (other)

Career/Vocational

Work-related

Medical

Elder Care

Trauma

Legal

Financial

Other

Referral Source:

Internet

Insurance

Therapist

Friend/Family

Other