

RECOVERY & WELLNESS

MENTAL HEALTH COUNSELING SERVICES, PLLC

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Tel: 845 321-5644
Email: jkorby@live.com

Date:

Full Name

Age

Current Address

Cell Phone

Home Phone

Email Address

Billing Address (if different from above)

Emergency Contact Name

Relationship of contact

Phone #

Presenting Problem

Referring Agency

Referring person:

Phone #

Client Signature

Date

Parent/Guardian Signature (If under 18)

Date

Clinician Signature

Date

CONFIDENTIAL

Please fill out and email to: jkorby@live.com
OR print out and bring to next appointment