

Jackson Hole Mental Health
 Leah Black, LCSW
 310 E. Broadway
 Jackson, WY
 307.654.7003



CONTACT INFO	LAST NAME FIRST MI			BIRTHDATE	SEX	MARITAL STATUS
	MAILING ADDRESS			CITY	STATE	ZIP
	PHYSICAL ADDRESS (IF DIFFERENT THAN MAILING)			CITY	STATE	ZIP
	OCCUPATION			EMPLOYER		
	HOME PHONE OK TO LEAVE MESSAGE? Y <input type="checkbox"/> N <input type="checkbox"/>		CELL PHONE OK TO LEAVE MESSAGE? Y <input type="checkbox"/> N <input type="checkbox"/>		WORK PHONE OK TO LEAVE MESSAGE? Y <input type="checkbox"/> N <input type="checkbox"/>	
	EMAIL ADDRESS			IS IT OKAY TO SEND A REMINDER TEXT TO YOUR CELL PHONE? Y <input type="checkbox"/> N <input type="checkbox"/> IS IT OKAY TO SEND A REMINDER EMAIL MESSAGE? Y <input type="checkbox"/> N <input type="checkbox"/>		
MEDICAL INFO	NAME OF PHYSICIAN					
	PLEASE LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING:					
	PLEASE LIST ALL CURRENT AND SIGNIFICANT CHRONIC MEDICAL PROBLEMS:					
EMERGENCY INFO	EMERGENCY CONTACT			PARENT/GUARDIAN (IF MINOR) <input type="checkbox"/>		SPOUSE <input type="checkbox"/>
	PHONE			NEAREST RELATIVE OR FRIEND <input type="checkbox"/>		OTHER <input type="checkbox"/>
	I AUTHORIZE THIS PERSON TO BE CONTACTED IN THE EVENT OF AN EMERGENCY Y <input type="checkbox"/> N <input type="checkbox"/>					
OTHER INFO	BRIEFLY DESCRIBE WHY YOU ARE REQUESTING SERVICES:					
	HAVE YOU EVEN BEEN IN COUNSELING BEFORE? IF YES, WHEN?					
	HOW DID YOU HEAR ABOUT JACKSON HOLE MENTAL HEALTH?					
	SIGNATURE				DATE	