

Colorado Western Slope Counseling

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Phone: (970) 874-9180

Please print clearly

Driver's Lic # _____

Full Client Name: _____ DOB: ____/____/____ Sex: _____

Mailing Address: _____

Physical Address if different: _____

Phone Number: Cell _____ Home _____

Are you currently living in a controlled environment? Yes No Please specify: _____

Were you court ordered to complete classes? Yes No Are you taking classes for DMV only? Yes No

Case#: _____ Probation officer: _____

Track: A B C D D+Enh Probation officer Phone Number _____

Arrest Date: ____/____/____ County of offense: _____

Marital Status: (circle one) Married Divorced Widow(er) Never Married Separated

Race: (Circle) Caucasian Hispanic African American Asian American Native Indian Other _____

Social Security Number: _____ - _____ - _____ Circle one: Employed Unemployed Disability Retired

Employed by: _____ Phone Number: _____

Military Rank: _____

Primary Care Physician: _____ Phone Number: _____

Psychiatrist: _____ Phone Number: _____

May we contact your physician? Yes No May we contact your psychiatrist? Yes No

Are you presently on any medication? _____ If so, what? _____

Place of birth _____ Places you've lived _____

How did you learn about Colorado Western Slope Counseling? Court/Probation Friend Phone Book Other (please specify) _____

The undersigned, certify that I am the client, and/or duly authorized to furnish this information. I understand that I am financially liable for all charges, whether or not paid by insurance. I hereby authorize the therapist to release all information necessary to secure payment of benefits.

Signed: _____ Date: _____