



**Pamela Stanley, LPCC, ACT**  
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**Client Information:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Email address \_\_\_\_\_  
Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Marital status \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Business Address \_\_\_\_\_  
Business phone \_\_\_\_\_

**Insurance information:**

Company \_\_\_\_\_  
Member ID# \_\_\_\_\_ Group # \_\_\_\_\_  
Policyholder name \_\_\_\_\_ Relationship \_\_\_\_\_  
Policyholder employer \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Primary Care Physician:** \_\_\_\_\_ Phone \_\_\_\_\_

**In care of emergency:** who should be notified? \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Whom may I thank for referring you? \_\_\_\_\_

Please indicate where I may leave messages for you:

**Home:** Yes \_\_\_ No \_\_\_      **Work:** Yes \_\_\_ No \_\_\_      **Cell:** Yes \_\_\_ No \_\_\_      **Email:** Yes \_\_\_ No \_\_\_

Would you like to be added to my email list for workshop announcements? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date