

*Front Range  
Counseling & Mediation, PC*

**Client Information**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Please check if we may contact you at:

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Mail \_\_\_\_\_

Please check if we may leave a message for you at:

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Mail \_\_\_\_\_

Email address: \_\_\_\_\_

*Client understands that the security of the Internet cannot be guaranteed.*

*Check this box if you DO NOT want to be added to our Newsletter \_\_\_ (you can opt out anytime)*

Who referred you to this office? \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Notes (for office use only)**

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