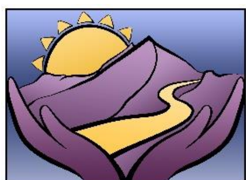

Pathwise Counseling and Skills Center, PLLC
Melissa Fountain Jennings, MA, MCJ, LPC, LAC, MAC
992 S. 4th Ave., Suite 100, #149, Brighton, CO 80601
Melissa.fountain@pathwisecounseling.org
720-355-4082

Initial Client Contact Form

Name of Client____ Date________________________
Name of Person Completing Form if different from above ____
Relationship to Client ____
Phone # if different from Client's primary contact ________________________________

Client Information
Date of Birth __________________________ Gender ___________ Race/Ethnicity _____________________________
Primary Spoken Language _______________________ Other Spoken Language(s) _____________________________
Email ____OK to contact via email_____ YES or _____NO
Home Phone # ___________________________________ OK to leave voicemail at home phone #_____ YES or _____NO
Cell Phone # _____________________________________ OK to leave voicemail at cell phone # _____ YES or _____NO
Work Phone # ____________________________________ OK to leave voicemail at work phone # _____ YES or _____NO
Preferred Contact (Must include at least one phone #) ______ HOME _______ CELL _______ WORK _______ EMAIL
Address ____
Religious Preference: _______________________________ Birth Place: ______________________________
Annual Income:
___ Less than $10,000 ___ $10,000-14,999 ___ $15,000-24,999 ___ $25,000-49,999 ___ $50,000-99,999
___ $100,000-149,000 ___ $150,000-199,999 ___ More than $200,000 ___ Unknown ___ Decline Answer

Current/Previous Therapist ___________________________________ Therapist's Phone # _________________________
Current/Previous Psychiatrist _________________________________ Psychiatrist's Phone #________________________
Primary Care Physician ______________________________________ PCP's Phone # ______________________________

Emergency Contact ____ Phone # ______________________________
Relationship to You ____

Intended method of payment: Circle - Insurance Self-Pay (Cash, check, credit card) EAP DHS/Probation Funded
Please note that Pathwise Counseling accepts Medicaid and is an OUT-OF-NETWORK provider for other insurance companies.

What are the problem(s) for which you are seeking mental health help?
1. ____
2. ____
3. ____

What do you want to accomplish in mental health treatment?
____
____

How did you learn about Pathwise Counseling: ___Website ___Psychology Today ___Friend/Family ___Other

Client Signature ____ Date ____________________________