



Pathwise
Counseling and Skills Center

Pathwise Counseling and Skills Center, PLLC
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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 phone _____

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

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 # _____

Do you give Pathwise Counseling consent to contact these persons to discuss your treatment? YES NO

(If yes, you will be asked to sign a Release of Information which gives your formal/legal written consent for contact.)

Emergency Contact _____ Phone # _____

Relationship to You _____

Do you give Pathwise Counseling consent to contact this person in the event of an emergency? YES NO

(If yes, you will be asked to sign a Release of Information which gives your formal/legal written consent for contact.)

Intended method of payment: Circle - Insurance Self-Pay (Cash, credit card) EAP DHS/Probation Funded

Please note that Pathwise Counseling accepts Medicaid and is not in network with 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 Insurance Co.

Another provider (please explain): _____

Client Signature _____ Date _____