

**PATIENT INFORMATION**

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street

City/State/Zip

Sex: F  M  Phone (C) \_\_\_\_\_ (H) \_\_\_\_\_

Occupation \_\_\_\_\_

Single  Married  Divorced  Separated  Living with a partner

Date of Birth \_\_\_\_\_  
M/D/Y

Drug(s) of choice \_\_\_\_\_

Allergies \_\_\_\_\_

Referred to Bluewater Counseling by:

**PERSON RESPONSIBLE FOR PAYMENT**

Name \_\_\_\_\_  
Last First MI Relationship

Address: \_\_\_\_\_  
Street/City/State/Zip

Phone: (C) \_\_\_\_\_ (H) \_\_\_\_\_

Release Signed?  Yes  No  N/A (for office use only)

**EMERGENCY CONTACT**

Name \_\_\_\_\_  
Last First MI Relationship

Address \_\_\_\_\_  
Street/City/State/Zip

Phone(C) \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_

**We do NOT bill insurance.**