Wholistic Counseling & Therapy Services

Located at:
The Wholistic Kinesiology Institute
9809 Candelaria NE,
Albuquerque, NM 87112
Center phone (505) 275-9809

Lisa K. Jackson, MA, NCC, LMHC, C-EP
New Mexico License # 0099761
Certified HeartWorks Energy Practitioner
Empathic Healer/Spiritual Advisor

Practitioner Confidential Phone:
(505) 417-6744

INTAKE FORM

(Please Print)

Today's date:					PCP:		
CLIENT INFORMATION							
Patient's last name: First: Middle:				❑ Mr. ❑ Mrs.	❑ Miss ❑ Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid	
Is this your legal name? ❑ Yes ❑ No	If not, what is your legal name?	(Former name):		Birth date: / /	Age:	Sex: ❑ M ❑ F	
Street address:			Social Security no.:			Home phone no.: ( )	
P.O. box:	City:			State:		ZIP Code:	
Occupation:	Employer:					Employer phone no.: ( )	
Chose clinic because/Referred to clinic by (please check one box):			❑ Dr.			❑ Insurance Plan	❑ Hospital
❑ Family	❑ Friend	❑ Close to home/work	❑ Yellow Pages	❑ Other			
Other family/friends seen here:							

IN CASE OF EMERGENCY			
Name of local friend or relative (not living at same address):	Relationship to patient:	Home phone no.: ( )	Work phone no.: ( )
The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize [Name of Practice] or insurance company to release any information required to process my claims.			
Patient signature:		*Date*	