Julie Visnich, LCSW, LAC
1053 Main Ave #109A Durango, CO 81303 970-769-8397

Client Information

First Name _____ **Last Name** _____

Date of Birth _____

Address _____ **Work Phone** _____

City _____ **State**___ **Zip**_____ **Cell Phone** _____

Calls/messages Allowed? Yes___ **No**___

Emergency Contact: Name & Phone_____

Email Address_____ **Emails allowed? Yes**___ **No**___

Medications: Names and dosages_____

Date	Service	Charge	Client Paid	Client Balance	Comments