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

**Client Information**

**First Name ________________________  Last Name _______________ Client #_____________**

**Date of Birth ______________________Referred by?__________________________________**

**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 |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |