JEFFREY L. MAHLER, Ph.D.

Licensed Psychologist

3721 Evergreen Parkway, Ste. 10
Post Office Box 1088
Evergreen, CO 80437
(303) 670-4280

101 West Main Street, Ste. 306
Post Office Box 5414
Frisco, CO 80443
(970) 668-8324

PERSONAL INFORMATION

Name of Client ____________________
Date of Birth ____________________
Phone Number ____________________

Responsible Party ____________________
Date of Birth ____________________
Relationship to Client ____________________
Mailing Address ____________________
____
____

Home Phone(s) ____________________
Work Phone(s) ____________________(self)
Mobile Phone(s) ____________________(self)
Contact Phone ____________________(spouse or relative)
In Case of Emergency, Please Contact ____________________
Emergency Phone ____________________

Referred By ____________________

Brief Statement of the Problem(s) ____________________
____

Initial Goals for Treatment ____________________
____
____

Physician Name, Address & Phone
____
____
____

Is your Doctor aware that you seeking mental health treatment at this time? Yes No
Would you like me to coordinate care with him or her? Yes No

School Name, Address & Phone **(If Applicable)**
____
____
____

School Contact Person ____________________

No information will be released or obtained from the school without legal permission.