

Odyssey Counseling, LLC



Let us help you put your life back together

Demographic Information

Name:

(First) (Middle) (Last)

Date of birth: ____/____/____ Marital status: _____

Name of parent/guardian if under 18: _____

Home address: _____

City State Zip

Phone: _____ cell / home / work

Email: _____

Emergency contact: _____ Relationship to you: _____

Emergency contact phone: _____

Who referred you to Odyssey Counseling? _____

For Internal Use Only

Primary insurance company: _____

Dx: _____

Copay amount: _____

Primary counselor: _____

5827 4th St. NW Albuquerque, NM 87107

Phone: (505) 315-7397 **Email:** odyssey.counseling111@gmail.com

Fax: (505) 345-2127 **Website:** odyssey-counseling.com