3370 S. Highway 160, Suite 12
Pahrump, NV 89048
Office: (775) 751-8980
David: (702) 274-1571
Fax: (775) 751-8650

PAHRUMP VALLEY COUNSELING

Client Name:

DOB: Age: School Grade: Sex: M☐F☐

Parent/Caregiver (if applicable):

Relationship to Client:

Parent/Guardian Contact Information:

Physical Address (No PO Boxes):

City: State: Zip Code:

Mailing Address:

City: State: Zip Code:

Home Phone #:

Cell Phone #:

Email:

Name of Primary Insurance:

Name of Policy Holder:

Birthdate: Sex: M☐F☐

Employer:

Insurance #:

SSN #:

Insurance Address:

City: State: Zip Code:

Name of Secondary Insurance:

Name of Policy Holder:

Birthdate: Sex: M☐F☐

Employer:

Insurance #:

SSN #:

Insurance Address:

City: State: Zip Code:

Referred By:

Reason for Referral: