

**Melanie K. Young, Psy.D.**  
**Licensed Psychologist**  
**2501 Walnut Street, Suite 208**  
**Boulder, CO 80302**  
**303-444-5330**

Client Name		
Birthdate	Gender	Social Security # - -
Mailing Address (include zip code)		
Home Address (if different from above)		
Telephone (Home)	(Work)	(Cel.)
Employer (or School)		Position (or Grade/Year)
Relationship Status	Spouse/Partner Name	Years Together
Spouse/Partner Occupation	Employer	Work Phone
<b>RESPONSIBLE PARTY</b> Name (if different from above)		
Address (include zip code)		
Telephone (Home)	(Work)	(Cel.)
Relationship to Client		Occupation
Name and City of Primary Care Physician		
Any current medical conditions, including allergies		
Any current medications		
Other recent health care practitioners		
Previous mental health treatment (include type, dates, and name of treating clinician)		
Emergency Contact (other than spouse)		Relationship
Telephone (Home)	(Work)	(Cel.)
How did you find out about me?		May I thank the referring party(ies)?

**I understand that payment in full is expected at each session unless other arrangements are made in advance, and that if I am paying a fee, full fee will be charged for missed appointments not cancelled 24 hours ahead of time.**

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Responsible Party Signature \_\_\_\_\_

Date \_\_\_\_\_