



Christine Artmann, LPC-Intern, CADAC III
Aquarius Counseling, LLC
License # C 4838

11825 SW Greenburg Rd, Suite 205, Tigard, OR 97223
1135 SE Salmon Street, Suite 108, Portland, OR 97214
503-929-3038
aquariuscounseling@gmail.com

Name _____

Address _____

City, State, Zip _____

E-Mail _____ Home Phone _____

Work Phone _____ Cell _____

OK to leave messages?: Work Y/N Cell Y/N Home Y/N

OK to text/email reminders or non-confidential information? Y / N

(Please clearly mark which number you would prefer us to use in contacting you.)

Referred by _____ Primary Care Doctor _____

Doctor/ Prescriber Phone _____ OK to contact to coordinate care? **Y / N**

Date of Birth _____ Age _____ SS# _____

Your Employer/School _____

Occupation _____

Medications/Nutritional Supplements _____

_____ Allergies _____

Emergency Contact _____ Phone _____

Fees for Services: Fees for services due prior to end of session. If you pay with Credit Card, there will be a \$2.00 charge to cover expenses of using credit card reader.

Signature _____ Date _____