

Burien Counseling

Geramy Hudson, LMHC

Patient Name:	Male <input type="checkbox"/> or Female <input type="checkbox"/>
Patient Date of Birth:	Marital Status:
Guardian/s Name (if patient is under 18):	
Home Address:	
Home Phone:	Cell Phone:
Email Address:	
Insurance:	
Group ID:	
Subscriber ID:	
Primary Insured Name & DOB:	
Dependent/s DOB (spouse, children, etc):	