



Mike S. Pinkston, MA, LPC or Patricia D. Pinkston, MA, LPC  
 Heart Matters Counseling  
 13550 Northgate Estates Dr Ste 200  
 Colorado Springs, CO 80921  
 Mike: (719) 278-3624 Patti: (719) 278-3625

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Email: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Kids Names and ages: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

List any present medical conditions and medications: \_\_\_\_\_

Have you had previous counseling or psychiatric care (If yes, please list with whom and the current status of treatment): \_\_\_\_\_

Who referred you to Heart Matters? \_\_\_\_\_

**IN CASE OF AN EMERGENCY WHOM SHOULD NOTIFIED? (Please provide two names)**

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work \_\_\_\_\_ Home: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work \_\_\_\_\_ Home: \_\_\_\_\_

Method of Payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_ Debit Card \_\_\_\_\_

(\* All sessions must be backed by a valid credit or debit card even if another method is used.)

Credit/Debit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

(The Security code is the three digit number on the back of the card or the 4 digit code on front for AMEX.)

Accompanying this information form was a Disclosure Statement. Please read it and sign below. I want the fee to be charged to my \_\_\_\_\_ card.

**BY SIGNING BELOW I GIVE CONSENT FOR TREATMENT WITH HEART MATTERS, LLC AND I HAVE READ AND UNDERSTAND THE DISCLOSURE STATEMENT. I REALIZE THAT IF I DO NOT GIVE A 48 HOUR NOTICE PRIOR TO CANCELLATION OF SCHEDULED APPOINTMENTS, I WILL BE FULLY CHARGED FOR THIS APPOINTMENT.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confidentiality Policies

Dual Relationship Policies

48 Hr. Cancellation Policy