



Ruby Jo Walker, LCSW

Affiliated Psychological Resources

Welcome to Affiliated Psychological Resources. I am looking forward to working with you. Please complete the application for your file. All the information is kept in strict confidence. We will need to copy your Health Insurance card if you have Mental Health Insurance.

Last Name _____ First Name _____ MI _____

Address _____ Cell phone _____

Other phone _____

City _____ OK to leave messages? Yes ____ No ____

State _____ Zip _____

Date of Birth: ____/____/____

Marital status: Single ____ Married ____ Divorced ____ Committed ____ Other ____

Sex: _____ How did you hear about me? _____

Billing information if different from above:

Responsible party _____

Address _____

City _____ State _____ Zip _____

Insurance information: We will copy your card(s) for you.

Primary Insurance company _____

Secondary Insurance company _____

Assignment of insurance and release information:

I hereby assign all medical benefits which I am entitled, including private insurance and other health plans to Affiliated Psychological Resources (Ruby Jo Walker or Mark Dickmann). This assignment will remain in effect until revoked by me in writing. I hereby authorize Affiliated Psychological Resources to release said insurance all information necessary to secure payment in full.

Signature _____ **Date** _____

Printed name _____

An Affiliation of Independent Mental Health Professionals

Psychotherapist • Somatic Experiencing Practitioner • Certified Hakomi Therapist
2855 Main Avenue, Suite 107A, Durango, CO 81301 • 970-259-5711, ext. 4