

# BLUE SKY COUNSELING ASSOCIATES, LLC

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## Request for Services

*Please print/complete this form to request counseling services, and scan (or take a phone picture) the form, then return it to us by email, fax or text to the phone number above. You may also pick up and drop off a hard copy at our office. One of us will get back with you as soon as possible. If our counselors have no availability at this time, if you would like, we can provide information on other local counseling services you can contact. Please feel free to call if you have further questions.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_  Cell  Landline

Email address: \_\_\_\_\_ Primary Insurance: \_\_\_\_\_

Who are you seeking services for? Secondary Insurance: \_\_\_\_\_

Myself, DOB: \_\_\_\_\_ Age: \_\_\_\_\_

and/or \_\_\_\_\_, relation to me: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Main concerns / issues you would like to address in counseling, or any specific requests:

Are you open to receiving services via Telehealth/internet?

Yes

No – Office based in person only

Maybe – I need more information