



Phillip Ybarra, MA, LAADC
Licensed Advanced Alcohol and Drug Counselor
32605 Temecula Parkway, Ste 303 Temecula, CA 92589 CCAPP# LCi04720315
760.443.1397

Name: _____

Today's Date: ____/____/____

CDL/SSN #: _____

Birth Date: ____/____/____

Address: _____

Phone: (H) _____

Phone: (C) _____

Occupation: _____

Employer: _____

Employer Contact Name: _____

Phone: _____

Fax: _____

Address: _____

Email: _____

Emergency Contact Name: _____

Relationship: _____

Phone Number: _____

Do you have Health Insurance? _____ **Name of Health Provider:** _____

Group Number: _____ **ID Number:** _____

How did you find out about my services? _____

Have you ever been in drug/alcohol treatment before? _____

If so, where and when? _____

Please print legal name clearly: _____

Signature: _____