BellVue Health PLLC

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CLIENT & REFERRAL FORMS

New Client Inquiry Form

Interested in services? Share basic contact information so BellVue can discuss your needs. Leave out diagnoses, medical records, Social Security numbers, and other sensitive details.

Contact information

Your name

Phone

Email (optional)

City / county

Who are you contacting us for?

☐ Myself ☐ Family member ☐ Someone I support

Relationship to person seeking services (if applicable)

How can we help?

Service or program you are interested in

Questions or general information requested

Contact preferences

Preferred reply method (choose one)

☐ Phone ☐ Email

Best days / times to contact you

May BellVue leave a general voicemail?

☐ Yes ☐ No

Permission to follow up

☐ I agree BellVue may contact me about this inquiry.

Sending an inquiry does not start services or guarantee enrollment. This form is not monitored for emergencies. For immediate danger, call 911.

Please provide a phone number or email so we can respond.