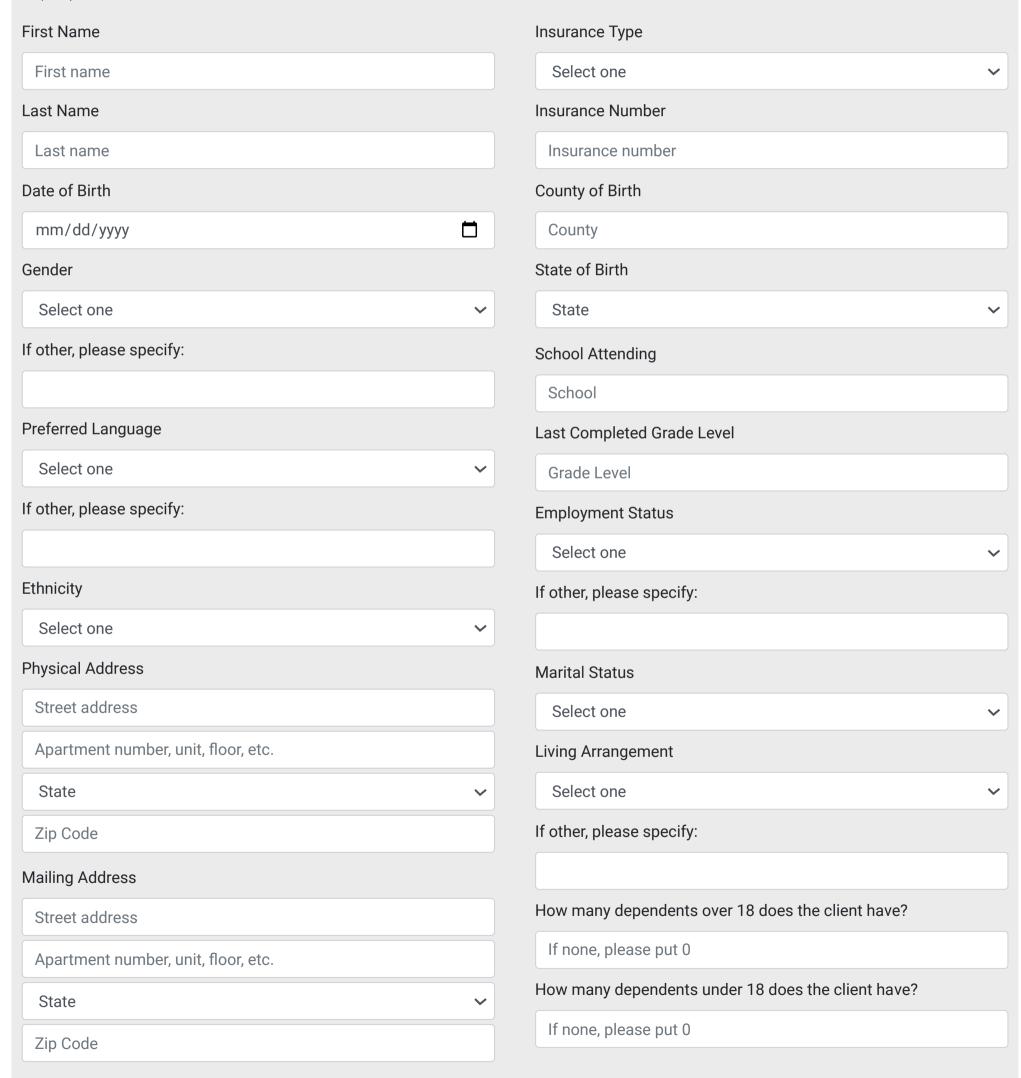
## **Schedule Appointment**

## Who is booking the appointment?

- O I am a parent or guardian of the client.
- I am the client.

## **Client Form**

Mountain Counseling & Training provides services to only clients with IEHP or Medicaid. If you do not have either insurance, please contact us at (909) 336-3330.



## **Allergies**

Add Allerg

Allergy 1		
Allergy		
Allergy		
Reaction to Allergan		
Allergic reaction		
Date allergy reaction began?		
mm/dd/yyyy		
Remove Allergy		
	Next	