COLORADO MIND & BODY COUNSELING LLC.

INTAKE INFORMATION

Today's Date: ___ /____/___

Date of Birth _____/_____/_____

_____

First Name Middle Initial Last Name

_____

Address Street City State Zip

Home Phone: _____ Work: _____Cell:_____

Which number is best to reach you? _____ _____ _____

Mornings Afternoon Evenings

E-Mail Address:_____

Age: _____ Gender: Male Female Ethnicity: _____

Language spoken at home: _____

Marital Status (parents if minor): Married Single Divorced Separated
Widowed Partner/Significant Other

Sexual Orientation: _____ Gender Identity:_____

Would you like to discuss sexual orientation/gender identity as part of your counseling? _____

Occupation: _____Employer:_____

Work Address: _____ Work Phone: _____

In case of emergency contact :_____

Name Phone Relationship to client

Who suggested you to contact us? _____

Name of Primary Physician: _____Phone Number: _____

FOR MINORS (under 18) ONLY:

Parent 1 Name: _____ Home Phone: _____

Address (if different from above):_____ Cell Phone: _____

Occupation: _____ Employer: _____

Work Address: _____ Work Phone: _____

Parent 2 Name: _____ Home Phone: _____

Address (if different from above):_____ Cell Phone: _____

Occupation: _____ Employer: _____

Work Address: _____ Work Phone: _____

Names and ages of those living at home:

_____

_____

Current Grade Level: _____ Type of Classroom: (ie. regular, specialized) _____

School: _____ School Phone: _____

Teacher's Name: _____ Counselor's Name: _____

*Please include this information on your release of information if applicable.

Is the minor on probation? ☐ Yes ☐ No

If yes, name of Probation Officer: _____Phone: _____

*Please include this information on your release of information, if applicable.