

Contemporary Counseling

**5738 Olde Wadsworth Boulevard
Arvada, Colorado 80002**

**1030 Johnson Road - Suite 320D
Golden, Colorado 80401**

Date _____

Date of Birth _____

Phones: Home _____

Cell _____

Work _____

email _____

Name _____

Address _____ **City** _____ **Zip Code** _____

Insurance _____ **Pre Authorization No.** _____

Self Pay _____

Emergency Contact Person _____

Telephone _____

Family Physician _____

Telephone _____

(address) _____

About You:

Hours of sleep per night _____ Sleep difficulties? _____ Appetite loss? _____

Do you have a wellness program? _____ If yes, check

Exercise _____ Nutrition _____ Supplements _____

Medications _____

Psychotropics _____

Alcohol or drug problem? _____

Allergies _____

Physical Health Concerns _____

Do you have Sadness? _____ Anxiety? _____ Stress? _____ Thoughts of self harm or suicide? _____

Relationship Concerns? _____

Other Concerns _____

With whom do you live? _____

What do you need the most at this time?

All information is private and confidential