

Contemporary Counseling

1030 Johnson Road Suite 324
Golden, Colorado 80401

Date _____

Phones: Home _____
Cell _____
Work _____
Email _____

Name _____ Date of Birth _____
Address _____ City _____ Zip Code _____

Insurance _____ Pre Authorization No. _____
Self Pay _____ Employer _____

Emergency Contact Person _____ Telephone _____
Family Physician _____ Telephone _____
(address) _____

About You:

Hours of sleep per night _____ Sleep difficulties? _____ Appetite loss? _____
Exercise _____ Nutrition _____ Supplements _____

Medications _____

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?

ContemporaryCounseling.org

All information is private and confidential