COLORADO Psychotherapy SERVICES

INFORMATION SHEET

Name: _____ **Date:** _____
Date of Birth: _____
Address: _____ **City:** _____
Phone: _____ **Is it OK to leave a phone message?** ____**Yes** ___**No**

Please describe yourself as fully as you feel comfortable:

Please circle appropriate categories:
Citizenship: United States Other_____

School Information: Highest level of education completed: _____ If currently in school→
School Name: _____ Major: _____
Class: High School Freshman Sophomore Junior Senior 5th Year Graduate Transfer Student
School Status: Full time Part time Continuing Education
Employment Information:
Employment: Full time Part time # of Hours/week _____ **Employer:** _____
Residence: With Family Alone Roommates Spouse/Partner Other:_____
Referred by: Self Family Friend Doctor Counselor Advisor Administrator
Name/or Other_____

How much reluctance do you have about coming in for therapy today? Please circle one:
None Very little Some Quite a bit Strong
Have you ever been in therapy before? Yes No
If yes, How long?_____ Briefly describe issues worked on in past therapies.

If more than one applies to you, please check all that apply:

Gender	*Relationship Status*	*Sexual Orientation*	*Ethnicity/Race*
____Male	____Single	____Bi-Sexual	
____Female	____Married or Partnered	____Gay or Lesbian	_____
____Transgender	____Separated	____Heterosexual	
____ MTF	____Divorced	____Questioning	
____ FTM	____Widowed	____Queer	
____ Intersex	____Other_____		

Religious affiliation/Spirituality:_____
Do you identify as having a disability? No Yes (please specify)_____
When was your last physical exam? _____
Please check all issues that currently concern you (write the number 1 & 2 next to the two most important topics):

- ☐ Depression
- ☐ Bipolar (Manic -Depression)
- ☐ Anxiety
- ☐ Alcohol Use
- ☐ Substance Use
- ☐ Eating /Body Image
- ☐ Attention Deficit Disorder
- ☐ Self-understanding
- ☐ Self-acceptance
- ☐ Self-care (hygiene, taking time for self)
- ☐ Good Decision Making
- ☐ Assertiveness
- ☐ Clarification of Own Values
- ☐ Grief
- ☐ Working Through a Traumatic Event(s)
- ☐ Other (specify):
- ☐ Stress Management
- ☐ Sexual Health Issues
- ☐ Understanding Own Sexuality
  - ☐ Coming-out process
  - ☐ Sexual orientation
  - ☐ Gender identity
- ☐ Adjusting to School/Work
- ☐ Relationships (past and/or present) with:
  - ☐ Friends
  - ☐ Partner
  - ☐ Family
- ☐ Issues of Racial/Ethnic Identity
- ☐ Respecting Cultural Differences
- ☐ Understanding My Impact on Others
- ☐ Decreasing Own Suicidal Thoughts
- ☐ Eliminating/Reducing Unhealthy Behavior
- ☐ Academic/Work Problems

What are your goals for therapy?