CLIENT INTAKE FORM

Please complete this form as thoroughly as possible and return via secure email to info@gabriellenumair.com no less than 24 hours before your first session. *The information you provide on this form is protected as confidential information and will be helpful to our work together.*

First Name_____ Last Name _____

Complete Home Address: _____

City _____ State _____ Zip Code _____

Mailing Address if different from above:

_____

Cell Phone # including area code: _____
May I leave a voice message on cell phone (check one): YES ___ NO ___

Home # including area code: _____
May I leave a voice message on home phone (check one): YES ___ NO ___

Office # including area code: _____
May I leave a voice message on office phone (check one): YES ___ NO ___

Email address: _____
May I communicate via email* (check one): YES ___ NO ___
*If you schedule an appointment online, you will receive an automatic email confirmation. *If you do not wish to receive email communications regarding appointments, be sure to schedule by phone by leaving a voice message at 720-955-3344 and indicating at least 2 available times for your appointme*nt. I will return your call as soon as possible.

What prompted you to contact me today? _____
_____
_____
_____
_____

What are your hopes and/or goals for our work together? _____
_____
_____
_____
_____

What do you consider some of your strengths? _____
_____

What do you consider some of your areas for development? _____
_____

Your age _____ Date of birth _____

Sex: Female ___ Male ___ Intersex ___

Gender you most identify with: Female ____ Male ___ Fill in the blank _____

Status: Never Married ___ Married ___ Widow/Widower ___ Divorced ___
Domestic Partnership ___ Committed Relationship ___

Do you reside with anyone? No ___ Yes ___ If yes, please indicate who you reside with and relationship to you: _____
_____

Children: No ___ Yes ___ (If yes, please indicate first name, age and sex for each child):
_____
_____

Your Education/Highest education level achieved _____

Are you currently employed? No ___ Yes ___
Current Occupation: _____

Previous Occupations: _____

Current Spouse/Partner (first name, age, occupation, years together):
_____

Previous Spouses/Partners (first name, age, occupation, years together):
_____

Your Sibling(s) (first name, age): _____
_____

Parents (first name, age if living): _____

Describe your religious or spiritual background & current affiliation if any:
_____
_____

Describe Your General Health: _____
_____

Current Medications and Reason for Use:
_____
_____
_____
_____
_____

Alcohol (type, use, frequency): _____
_____

Recreational drugs (type, use, frequency): _____
_____

Previous counseling, therapy, hypnotherapy, coaching, etc., reason and duration:
_____
_____
_____
_____
_____

Did you find this assistance helpful? Please describe: _____
_____
_____
_____

Are you currently seeing a psychiatrist or other type of therapist? No ___ Yes ___
If yes, please provide provider name: _____ and
reason for treatment _____

Have you or a family member ever been hospitalized for mental/emotional reasons?
No ___ Yes ___ If yes, please provide dates, location and reason: _____
_____
_____
_____

Are you having any current suicidal thoughts, feelings or actions? No ___ Yes ___ If yes,
please describe: _____
_____

Are you having any current thoughts about harming another person, place or animal? No ___ Yes ___ If yes, please describe: _____
_____

Can you be described as someone who has anger-control problems? No ___ Yes ___ If yes, please describe: _____
_____

Are you facing any significant loss (illness, divorce, custody issues, job loss, death of a loved one, etc.)? No ___ Yes ___ If yes, please describe: _____
_____
_____

Do you feel safe? No ___ Yes ___ If no, please describe:
_____
_____

Do you have a substance abuse or addiction history? No ___ Yes ___ If yes, please describe: _____
_____
_____
_____

Legal History (arrests, convictions, DUI, etc.): No ___ Yes ___ If yes, please describe:
_____
_____
_____

Emergency Contact Information (please provide 2 contacts):
Name _____ Relationship _____
Phone _____ Address _____

Name _____ Relationship _____
Phone _____ Address _____

Thank you for completing this information form.