

# Personal Intake Form

This confidential information is for use by your counselor. No confidential information will be left on any voicemail. Please complete and PRINT (If you can) all information clearly and bring this form to your first session.

First/Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Emergency Contact (name/phone/address):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In case of perceived emergency I allow my emergency person to be contacted, putting confidentiality aside: Yes \_\_\_\_\_ No \_\_\_\_\_

Initials: \_\_\_\_\_

**Counseling:**

What is the concern that motivated you to seek therapy and what goals do you hope to accomplish in therapy?

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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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