

Boulder Psychotherapy LLC
Christine Talaga Morgan, MA, LPC

1909 26th Street Suite 1D
Boulder, CO 80302
Boulderpsychotherapyllc.com

Intake Form

Please note: information that you provide here is confidential

Name:

Date of Birth:

Age:

Gender:

Relationship Status:

Mailing Address:

E-mail Address:

Home/ Mobile Phone:

May we leave a message at this number?

Current Employer:

Years at current employment

Primary Insurance:

ID#

Group #:

Insurance Phone:

Subscriber Name:

Subscriber Date of Birth:

Authorization Number:

Is this an EAP benefit?

Subscriber Address:

Emergency Contact:

Emergency Contact Phone:

Referred by / how did you find us?

What concern brings you in to the office?

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Please describe any significant events that relate to the development or maintenance of this concern:

What would you like to accomplish out of your time in therapy?

Have you previously been in therapy or received any prior professional assistance for your concerns? If so, please give dates and practitioner names.

General Health/ Mental Health

How would you describe your current physical health? (Please circle)

Poor Unsatisfactory Satisfactory Good Very Good

Please list any health problems that you are experiencing:

How would you rate your sleeping habits? (Please circle)

Poor Unsatisfactory Satisfactory Good Very Good

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Please list any sleep problems that you are experiencing:

How often and what do you do for exercise?

Work/ Home Life

Are you currently employed? Yes No

If yes, what is your current employment situation?

Do you enjoy your work? What stressors are involved in your workplace?

Are you currently in a relationship? Yes No

How would you rate your relationship? (On a scale from 1-10, 10 being positive)

Drug/ Alcohol Use and Abuse

Do you drink alcohol? Yes No How often? (Please describe)

How often do you engage in recreational drug use?

Daily Weekly Monthly Infrequently Never