



Carleen Bryant, MS, NCC, LPC, LPC-MH

credocounseling@gmail.com | credocounseling.com  
P 970•986•8668 | F 970•986•8586 | 1003 Main St, #303 | Grand Junction, CO 81501

### NEW CLIENT INTAKE

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender M/ F / Trans SS# \_\_\_\_\_

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

Apt or Box #: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Work: (Circle) Full-Time Part-Time Student Stay at Home Parent Unemployed Disabled Retired

Employer: \_\_\_\_\_

#### Contact

Email: \_\_\_\_\_ May I send you information at this email? Yes No

Phone: \_\_\_\_\_ May I call or leave a message at this #? Yes No

#### Insurance

Date of Birth of Insured: \_\_\_\_/\_\_\_\_/\_\_\_\_ Insured's Name: \_\_\_\_\_

Relationship to insured?: \_\_\_\_\_ Primary Insurance: \_\_\_\_\_

#### Emergency Contact

Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_ Phone: \_\_\_\_\_

I give consent to contact the above listed person in the event of an emergency Yes No

I give consent to contact the above listed person to coordinate my care Yes No

#### Home Life

Marital Status:  Never Married  Divorced  Widowed  Separated  Other: \_\_\_\_\_

How many people live in your home? (Include yourself) \_\_\_\_\_

Name/ Age \_\_\_\_\_ Name/ Age \_\_\_\_\_

Name/ Age \_\_\_\_\_ Name/ Age \_\_\_\_\_

#### Referral

Mental Health  Substance Abuse  Domestic Abuse Name of referral: \_\_\_\_\_

Referred by: Self Hospital Family/Friend School Court Physician PO Other: \_\_\_\_\_

#### Complaint

##### Current Symptoms: (Please circle all that apply)

Anxiety Appetite Issues Avoidance Crying Spells Depression Excessive Energy Fatigue Guilt  
Hallucinations Impulsivity Irritability Libido Changes Loss of Interest Panic Attacks Racing Thoughts  
Risky Activities Sleep Changes Suspiciousness Other Symptoms not listed: \_\_\_\_\_

Briefly describe what brings you to Credo Counseling, LLC \_\_\_\_\_

**History**

Have you received mental health treatment before?  Yes  No

If so, Where \_\_\_\_\_ When: \_\_\_\_\_

**Have you ever tried the following: (Please Circle)**

Alcohol Pain Killers Marijuana Synthetic Drugs Stimulants Hallucinogens Heroin Ecstasy  
Methamphetamine Cocaine Methadone Tranquilizers Inhalants Tobacco

Other: \_\_\_\_\_

If yes to any please list frequency of use: \_\_\_\_\_

Have you ever been treated for drug or alcohol addiction?  Yes  No When? \_\_\_\_\_

Have you ever abused prescription medications?  Yes  No Which ones: \_\_\_\_\_

Do you give permission for us to contact your PCP?  Yes  No If you decline, Please give specific reason for your denial: \_\_\_\_\_

**History**

How is your relationship with your mother?  Great  Good  Fair  Poor  Very Bad  Deceased

How is your relationship with your father?  Great  Good  Fair  Poor  Very Bad  Deceased

Are your parents?  Married  Divorced Your age at divorce? \_\_\_\_\_ Did parents remarry?  Yes  No

Family members with Medical or Mental Health Conditions? \_\_\_\_\_

Were you adopted?  Yes  No Age of adoption? \_\_\_\_\_

Have you or your family member attempted or completed suicide or engaged in self harm? When? \_\_\_\_\_  
Who? \_\_\_\_\_

Have you experienced Neglect, Abuse, or Trauma? By Who? Please describe: \_\_\_\_\_  
\_\_\_\_\_

**Current Situation**

What is your Highest level of Education? \_\_\_\_\_ Have you ever served or currently serve in the military?  Yes  No What Branch? \_\_\_\_\_

Married  Committed Relationship How long? \_\_\_\_\_ Divorced?  Yes  No Sexually active?  Yes  No

Relationship with partner/ spouse?  Great  Good  Poor  Very Bad Do you have Children?  Yes  No

Relationship?  Great  Good  Poor  Very Bad Have you ever been arrested?  Yes  No When/ Why? \_\_\_\_\_  
\_\_\_\_\_

**Medical History**

Current Medications (Include non-prescription, herbal medicines, and supplements): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who Prescribe your medications? \_\_\_\_\_

Client/Guardian Signature: \_\_\_\_\_ Completed on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Therapist: Carleen Bryant MS, NCC, LPC, LPC-MH: \_\_\_\_/\_\_\_\_/\_\_\_\_