Celeste Labadie, LMFT

Licensed Marriage & Family Therapist celeste@collectiveconnection.com 303.882.3301

CLIENT INFO

Name: Today's Date: / /

Date of birth: Age: Sex: M F

Street address: Apt: PO Box:

City: State: Zip:

Email address:

Home phone: Cell: Work:

**Calls will be discreet, but please indicate any restrictions or preferences:*

Emergency Contact (couples: other than spouse): Relationship to You:

Best phone for them:

Your Occupation:

Have you received counseling, psychological, or psychiatric services in the past? If yes, where and for what reason?

What medications (prescriptions) are you on for psychological purposes and name of doctor?

Sometimes People have reluctance or hesitation in seeking professional help. Please mark the degree of hesitation or reluctance you feel: ☐ None ☐ Some ☐ A Lot

Please check the issues or difficulties which prompted you to seek counseling:

☐ Relationship Problems
☐ Family Dynamics
☐ Depression
☐ Grief/Death/Loss
☐ Life Transition
☐ Work Problems
☐ Traumatic Events
☐ Stress / Anxiety
☐ Trust Issues
☐ Alcohol or drug use
☐ Sexual-Emotional-Physical
☐ Anger

Other issues you would like to specify: