

Celeste Labadie, LMFT

CLIENT INFO

Licensed Marriage & Family Therapist

celeste@collectiveconnection.com

303.882.3301

Name:

Today's Date: / /

Date of birth:

Age:

Street address:

Apt:

PO Box:

City:

State:

Zip:

Email address:

Home phone:

Cell:

Work:

**Calls will be discreet, please indicate WHICH PHONE or EMAIL preference:*

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 A Little Some A Lot

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Relationship Problems | <input type="checkbox"/> Life Transition | <input type="checkbox"/> Trust Issues |
| <input type="checkbox"/> Family Dynamics | <input type="checkbox"/> Work Problems | <input type="checkbox"/> Alcohol or Drug use |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Traumatic Events | <input type="checkbox"/> Sexual-Emotional-Physical |
| <input type="checkbox"/> Grief / Death / Loss | <input type="checkbox"/> Stress / Anxiety | <input type="checkbox"/> Anger |

So I can be effective, what would be helpful for me to understand or know to support your needs: