
Intake Form —Brighter Paths Counseling, PLLC

Contact Information:

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Psychology Today: <https://www.psychologytoday.com/profile/389580>

Welcome

I am privileged to have the opportunity to work with you. This packet contains information and forms that I will need to have on file before I begin offering services to you.

Please print and complete these documents and bring them into your first session.

- Client Intake Form, please complete pages 2-5. For couples and families: each individual needs to complete a copy of these pages.
- Disclosure Form to be completed by each individual
- HIPPA to be signed by each individual
- Consent to Communicate Electronically to be completed by each individual
- Electronic Payment Authorization

Please review each page of this document and the information contained within.

Once you have reviewed and completed all forms, please return the originals to my office, and I encourage you to retain a copy for your own records.

I look forward to working with you.

Lisa

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Client Information

Name: _____ Date: _____

Street Address: _____ City: _____

State: _____ Zip: _____ DOB: _____ Age: _____

Preferred Email: _____ Ok to send messages? _____

Preferred Phone: _____ Type: _____ Ok to leave messages? _____ text? _____

Single: _____ Married/#Years: _____ Divorced/#Years: _____ Separated/#Years: _____

Widowed/#Years: _____ Civil Union/#Years: _____ Remarried/#Years: _____

Highest Degree of Education Completed: _____

Occupation/Employer: _____

Name of Spouse: _____ Spouse's Occupation: _____

Children's Names/Ages: _____

How did you hear of us? _____

Emergency Contact Name: _____ Number: _____

I often thank referral sources for referrals without using identifying information, is this ok with you? _____

Previous Counseling Experience

Name of previous counselor: _____ Dates/Length: _____

Major issues discussed: _____

What did you find helpful? _____

What did you find not helpful? _____

Medical/Psychosocial History

Please list any medication, the amount you are taking, and how long you have taken it: _____

Major past or present medical issues: _____

Have you recently or in the past thought about suicide? Yes: _____ When: _____ No: _____

Have you ever attempted suicide? Yes: _____ No: _____ If your answer is yes to either of these questions, please describe what treatment you have had: _____

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Describe any spiritual or religious involvement or commitments: _____

Have you struggled with any kind of addiction, either now or in the past? _____

If yes, what? _____

Do you currently drink alcohol or non-prescription drugs? ___ Please describe how often, what type and how much: _____

Are you concerned about your drug/alcohol use? ___ Are other people concerned about it? ___

Personal Concerns

Please check all that apply:

___ My social/dating life is not satisfactory

___ There are sexual concerns I'd like to discuss

___ I have had unwanted sexual experiences

___ I am dissatisfied with my personal appearance

___ I have suffered a recent loss

___ I have difficulty expressing my emotions

___ I am having academic or work problems

___ I often get extremely angry

___ I have had problems recently with the following:

___ Sleeping ___ Headaches ___ Anxiety ___ Concentration ___ Anger ___ Appetite

___ Weight loss/gain ___ Mood shifts ___ Depression ___ Fight with a friend **Family** Please

Check if any of the following are true:

___ My parents are divorced/separated. ___ My relationship with my family is satisfactory.

___ I cannot talk to my family about my personal problems. ___ My family is not emotionally close.

___ My family has a history of:

___ Counseling ___ Alcohol or drug addiction ___ Abuse ___

___ Poor communication ___ Hospitalization ___ Depression

___ Anxiety ___ Suicide ___ Mental illness

___ Other _____

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Current Counseling Desires

What do you see is the primary problem you need to resolve with your counselor?

What is it you would like to change?

What are you doing now or in the past that has helped?

What are you doing now or in the past that hasn't helped?

What type of support systems do you have in place to help with this issue?

What would you like to accomplish in counseling?

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