



Name: _____ Today's Date: _____

How did you hear about us? _____

For Clients under the age of 15 or adults who are not their own legal guardians:

What type of custody does the parent/guardian have? Full _____ Joint _____ Unsure _____

Other (temporary, power of attorney, healthcare proxy): _____

For divorced/separated parents with joint decision making, consent from both parents is required.

Parent/Guardian 1: _____ Phone #: _____ Parent/Guardian 2: _____ Phone #: _____

Do you have supporting custody/court documentation **with you today**? Yes _____ No _____

Please briefly describe why you are here today: _____

Have you used any alcohol or drugs **in the last 24 hours (including marijuana)**? Yes _____ No _____

If yes, please write what substance(s) and time it was last used: _____

Check if you are experiencing the following:

- Active thoughts about killing yourself
- Active thoughts about killing someone else

Check the reason(s) why you are seeking services:

- | | | |
|---|---|---|
| <input type="checkbox"/> Individual therapy | <input type="checkbox"/> Medications | <input type="checkbox"/> Probation Evaluation |
| <input type="checkbox"/> Group therapy | <input type="checkbox"/> Resources for housing, shelter, food | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Drug/Alcohol Treatment | <input type="checkbox"/> Recent Mental Health Hospitalization | <input type="checkbox"/> Other: _____ |

Do you currently have a therapist or counselor? Yes _____ No _____

If yes, please write their name and what they are treating you for: _____

Medications will not be prescribed today during your intake. Appointments for medication can be as far out as 30 days. If you need medications sooner, please contact your PCP.

Clinical staff does not monitor this form. It is not intended for crisis intervention.

If you are experiencing a mental health crisis, call [Colorado Crisis Services](#) for 24-Hour assistance: (844) 493-8255 (TALK) or dial 911 for emergency assistance.