

A.V.O.S Counseling Center and Training Institute, LLC

8795 Ralston Rd. Suite 200A

Arvada, CO, 80002

Client Information and Intake Form

Date: _____

Client(s) Name(s): _____

Client address: _____

City, State and Zip code _____

Client date of birth: _____

Medicaid ID if applicable: _____

Medicaid county: _____

CONTACT INFORMATION:

Client Phone number: _____ Cell Phone: Y: _____ N: _____

If above number is a cell phone, are you comfortable texting? _____

Email Address? _____

Are you comfortable with me emailing you? _____

Please know that I although I will do everything I can to protect your confidentiality, texts and emails cannot be guaranteed forms of confidential communication.

In case of Emergency, I give Erica Bonham permission to contact:

Name: _____ Relationship: _____

Phone number: _____

Does this person know you are in therapy? _____

Client name _____

What is the primary reason you are seeking therapy?

Are their important cultural considerations surrounding your race, ethnicity, sexual orientation, gender identity, age, gender, sex, ability, religious affiliation or other cultural factors that you think are important for me to know or that may impact your healing?

Why did you chose to work with Erica Bonham Counseling?

Signature: _____ Date: _____