

**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 Kristen McGeehon 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?

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Are there any 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?

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Why did you choose to work with AVOS Counseling?

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_