



A.V.O.S. Counseling Center and Training Institute  
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## Client Information and Intake Form

### Contact Information:

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

Client(s) Name(s): \_\_\_\_\_

Client address: \_\_\_\_\_ address: (apt, unit, suite): \_\_\_\_\_

City, State and Zip code \_\_\_\_\_

Client date of birth: \_\_\_\_\_

Medicaid ID if applicable: \_\_\_\_\_

Medicaid county: \_\_\_\_\_

Client Phone number: \_\_\_\_\_

If the above number is a cell phone, are you comfortable texting? \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you comfortable with me emailing you? \_\_\_\_\_

*\*Please note that 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 Anura Mathis, permission to contact:*

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Their phone number: \_\_\_\_\_

Does this person know you are in therapy? \_\_\_\_\_

Do you currently feel safe? \_\_\_\_\_

Is anyone seeking to harm you? \_\_\_\_\_

Are you having thoughts of harming yourself? \_\_\_\_\_

Harming anyone? \_\_\_\_\_

Please list any medications you are currently taking (include microdosing):

\_\_\_\_\_

Have you ever been on psychotropic medications before? If so, please list prescriptions:

\_\_\_\_\_

What is the primary reason you are seeking therapy?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you tried therapy before?

\_\_\_\_\_

What are your best hopes for therapy?

\_\_\_\_\_

Please list 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? Have you experienced racialized trauma, trauma regarding your gender identity or sex, or any other trauma related to social oppression? Please also list your gender pronouns.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything that you would like me to know before our intake session?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What encouraged you to choose to work with AVOS Counseling?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_