Nicoletti-Flater Associates, PLLP
3595 S. Teller St. Suite 310 | Lakewood, Co. 80235
Ph: 303-989-1617 | Fax: 303-985-3133 | www.nicoletti-flater.com

PERSONAL INFORMATION/INTAKE

IDENTIFYING INFORMATION:

Client Name(s): _____

Guardian(s) / Parent(s) (if client is under 16 years of age): _____

Phone: (H) _____ (W) _____ (C) _____

Best hours to reach you: _____

Permanent Address: _____

Email: _____

Social Security #: _____ Health Insurance Carrier: _____

In case of emergency contact: _____ Relation: _____

Address: _____ Phone: _____

How did you hear about Nicoletti-Flater Associates? _____

Date of birth of client: _____ Age: _____

Police/Fire department affiliation: _____ Relationship to officer: _____

Last year of school completed: _____ School attending (if child/adolescent): _____

Occupation: _____

PREVIOUS COUNSELING:

____ Nicoletti-Flater Associates (dates:_____)

____ Private therapist (name: _____ dates: _____)

____ Drug/alcohol treatment (where: _____ dates: _____)

____ Other (specify: _____ dates: _____)

____ None

Reactions to previous counseling: _____

_____

HEALTH:

Client's existing medical problems or current physical symptoms: (please describe)

_____

_____

List current medications: _____

(OVER)

Use of:

Alcohol: _____ how often: _____
Caffeine: _____ how often: _____
Tobacco: _____ how often: _____
Other drugs: _____ how often: _____ what types: _____

PLEASE STATE BRIEFLY WHAT YOU WOULD LIKE TO DISCUSS WITH A THERAPIST: _____

_____

PLEASE CHECK ALL OF THE EXISTING SYMPTOMS OR PROBLEMS WHICH APPLY:

- ☐ sleep disturbance (specify) _____
- ☐ change in eating behavior (specify) _____
- ☐ phobias (specify fears) _____
- ☐ substance abuse(specify) _____
- ☐ chronic pain (specify) _____
- ☐ obsessive thoughts (specify) _____
- ☐ compulsive behavior (specify) _____
- ☐ learning disability (specify) _____
- ☐ parenting (specify) _____
- ☐ sexual dysfunction (specify) _____
- ☐ death of a loved one (specify) _____

- ☐ withdrawal
- ☐ sexual orientation /sexual identity
- ☐ guilt, remorse, shame
- ☐ depression
- ☐ sexual abuse memories
- ☐ suicidal thoughts
- ☐ uncontrolled / unprovoked crying
- ☐ continuous anxiety / nervousness
- ☐ panic attacks
- ☐ muscle tension
- ☐ divorce
- ☐ social anxiety
- ☐ stress
- ☐ assertiveness
- ☐ weight change
- ☐ hyperactivity
- ☐ uncontrolled temper outburst
- ☐ physical violence
- ☐ abusive relationship
- ☐ hopelessness/helplessness
- ☐ missing school / work
- ☐ irritability
- ☐ difficulty with decisions
- ☐ chronic illness
- ☐ headaches
- ☐ self-doubts / low self-esteem
- ☐ attention / concentration problems

- ☐ other (specify) _____

Signature:_____ Date:_____