New Growth Therapy

Initial Intake for Counseling

Camilla Dye, MA, NCC.

720-282-1243

Camillaf.dye@gmail.com

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Name** | **Age** | **I identify my gender as…** |

**Ethnicity:** *(Please note that People House only collects information about ethnicity for grant/funding purposes.)*

African­American Asian Caucasian Hispanic Native American Multiethnic

Do Not Wish to Disclose Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | |  |  |
| **Street Address City** | | **Zip Code County of residence** | | |
| **Phone Number** | | **Email Address** | | |
| ***Okay to leave voicemail?*** Yes No | | ***Okay to send correspondence?*** Yes No | | |

**What is your income?**

No income Below $15K $15K ­ $20K $20K ­ $30K $30K – $40K Above $40K **What is your ability to pay, per session?**

$50 $60 $70 $80 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you unemployed?** Yes No

**Have you ever served in the United States Armed Services?** Yes No

**Type of counseling:** Individual Couple

**Why are you seeking counseling?**

Addiction Crisis Grief/loss Parenting Self­esteem

Anger Divorce Illness/health issues PTSD Spiritual growth

Anxiety Depression Life transitions Relationship issues Stress

Career General growth Panic Trauma Work issues

*Please list any other reasons here, and/or include any preferences, hopes, fears, reservations, or special needs you may have regarding counseling:*

**Have you ever been in counseling before?** Yes No

**Was it a positive, useful experience?** Yes No

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Currently in my life, I rate:** | **None** | **Poor** | **Fair** | **Average** | **Good** | **Excellent** | **n/a** |
| My level of employment is… |  |  |  |  |  |  |  |
| My level of family stability is… |  |  |  |  |  |  |  |
| My level of relationship satisfaction is… |  |  |  |  |  |  |  |
| My ability to deal with stress and frustration is… |  |  |  |  |  |  |  |
| My ability to make healthy choices for myself is… |  |  |  |  |  |  |  |
| My ability to cope with adversity and problem­solve is… |  |  |  |  |  |  |  |
| My resilience (ability to bounce back from hard times) is… |  |  |  |  |  |  |  |
| My ability/desire to contribute to the lives of others is… |  |  |  |  |  |  |  |
| My level of physical well­being is… |  |  |  |  |  |  |  |
| My level of spiritual well­being is… |  |  |  |  |  |  |  |
| My level of overall well­being is… |  |  |  |  |  |  |  |