

Adult Preliminary History

Please note some of these questions are required by the state of Colorado and the Centers for Medicare and Medicaid (CMS). Answering these prior to your appointment will allow your therapist more time to focus on you and your goals.

What brings you to counseling? You may be as detailed as you feel comfortable being.

Please describe your employment/school enrollment status and your education/work history.

Please list medications and supplements you take and the reason. Please include the dose and prescribing clinician. *If you do not have complete information, please list the information you do have.*

Do you have a personal history of medical conditions? If so, please list the condition.

Is there a history of medical conditions in your immediate family? If so, please list the relationship to you and the condition.

Is there a history of mental health disorders in your family? If so, please list the relationship to you and the disorder.

If you are attending sessions in person, does access to transportation impact your ability to attend?

- Yes
- No
- I attend via telehealth

Are you currently in the military?

- Yes
- No

Are you a military veteran?

- Yes
- No

Medical & Dental

(State required)

Primary Care Provider: _____

Date of last physical exam: _____

Dental Care Provider: _____

Date of last dental exam: _____

If you do not have a PCP or dentist, please write n/a. If you would like a referral, please let your therapist know.

Is there anything else you would like your therapist to know before your appointment?