

**Amy D. Gray, M.A., M.B.A., L.P.C.**  
**Gray & Associates, LLC**  
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Website: [www.denver-therapy.com](http://www.denver-therapy.com)

### Information for Individual Counseling

Today's Date \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Phone (Mobile): \_\_\_\_\_; Phone (Home): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employment/School and Grade level: \_\_\_\_\_

Emergency Contact Information:

Name: \_\_\_\_\_ Relationship to client \_\_\_\_\_

Phone: \_\_\_\_\_

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

Your Relationship Status: \_\_\_\_\_

Name of Significant Other/Spouse/Partner: \_\_\_\_\_ Age \_\_\_\_\_

Your children and ages: \_\_\_\_\_

\_\_\_\_\_

Any Health Concerns? \_\_\_\_\_

\_\_\_\_\_

Medical Doctor (Name & Phone): \_\_\_\_\_

Current Medications (Type and dosage) \_\_\_\_\_

\_\_\_\_\_

Any Hospitalizations/Suicide Attempts? \_\_\_\_\_

\_\_\_\_\_

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Describe previous counseling:

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What brings you here? \_\_\_\_\_

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What are your goals for counseling?

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How did you hear about us? \_\_\_\_\_