
Multicolor Counseling and Consultation, LLC
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Psychotherapist/Licensed Clinical Social Worker
An Independent Practice at Athens Therapy Co-op

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Client Intake Screening Form

Demographic Information

First Name: _____	Date of Birth: _____ Age: _____
Last Name(s): _____	Gender: _____
Preferred Name(s): _____	Gender Pronouns: _____
_____	He/Him/His She/Her/Hers They/Them/Theirs
Race/Ethnicity: _____	Other(s) not listed: _____
Street Address: _____	Sexual Orientation: _____
_____	Languages other than English: _____
City, State, Zip Code: _____	_____
Marital Status: _____	Phone #: _____
Number of children (if any): _____	Ok to contact for appointments? ____ Yes ____ NO
How did you hear about us? _____	Email Address: _____
_____	Ok to contact for appointments? ____ Yes ____ No
Emergency Contact Person: _____	_____
Relationship to you: _____	Emergency Contact Phone: _____

Medical & Psychiatric History

Insurance Name: _____	Insurance Number: _____
Primary Care Provider or PCP (if any): _____	Psychiatrist (if any): _____
Contact Number of PCP: _____	Contact number of Psychiatrist: _____
Medical diagnoses (if any): _____ _____	Psychiatric diagnoses (if any): _____ _____
Last Medical Hospitalization: _____	Last Psychiatric Hospitalization: _____
Reason(s): _____	Reason(s): _____
General Medications: _____ _____	Mental Health Medications: _____ _____

Therapy and Counseling History

Have you ever participated in counseling/therapy? _____ Yes _____ No	Type of therapy: _____ Individual _____ Couples _____ Group _____ Other: _____
Date(s): _____	
Reason(s): _____ _____	Name of therapist(s) or agency: _____ _____

Was therapy helpful? ___ Yes ___ No ___ Somewhat ___ Not Sure

What Brings You In?

What is happening or what are you experiencing that is leading you to seek services?

Did Someone ask/tell you to come in? ___ Yes ___ No If so, who? _____

Why did they tell you to come in? _____

What do you hope to gain/change/discuss by coming in? _____

How motivated are you? (Not at all) 0 1 2 3 4 5 6 7 8 9 10 (Very motivated)

What motivated you to come in? _____

What days/times are you available to meet?

Any other information you think your therapist should know: