

Robin Goldstein-Lincoln, MA, LPC
Licensed Psychotherapist (License #4628)
1200 28th Street, #301, Boulder, CO 80303
303-223-0727

Client Information

Date: _____

Contact Information

Name: _____

Address: _____

Age: _____ DOB: _____

Email Address: _____

Primary Phone: _____ Home / Work / Cell (Circle One)

Is it okay to leave a message? _____

Medical Information

MD: _____ Phone: _____

Psychiatrist: _____ Phone: _____

Significant Medical Conditions (Past/Present): _____

Prescribed Medications (Past/Present): _____

Personal Information

Gender Identification: _____ Religious/Spiritual Affiliation: _____

Ethnic Cultural Identification: _____

Occupation: _____ Education: _____

Current Living Situation: _____ Relationship Status: _____

Do you have children? If so, names and ages? _____

Briefly describe history of relationships: _____

Who referred you? _____

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Background Information

What are your reasons for seeking therapy at this time? _____

Briefly describe major losses or traumas? _____

Previous therapy? ____ When and for how long? _____

Was it helpful? Why or why not? _____

Have you ever attempted suicide? _____ If so, when, how and what happened? _____

Have you ever engaged in self-harm? _____ If so, when? _____ Now? _____

Describe the self-harm behaviors _____

Have you ever been hospitalized for mental health issues? _____ If so, when? _____

Please describe: _____

Does your family have any history of mental illness, suicide, substance abuse, trauma, or abuse? If so, please describe briefly: _____

Current use of alcohol/recreational drugs: _____

Previous use of alcohol/recreational drugs: _____

Any other comments: _____