



## Our Spoken Tapestry

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### Client Information/Intake Form

Please fill this form in completely—Please print clearly

Client's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(Phone and email information below should be parent's if client is under 18 years of age.)

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

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

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Gender M F Race/Ethnicity \_\_\_\_\_

Name of Spouse/Guardian (If applicable/Circle one) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### Therapy Services

How were you referred to my office? \_\_\_\_\_

What type of therapy are you seeking at this time? Family Therapy / Child Therapy / Couples Therapy / Individual / other: \_\_\_\_\_

#### Contact Information

In an effort to protect your privacy when contacting you I will always identify myself by my name only and not by my position as your psychotherapist. That stated:

May I contact you at work if necessary? (Circle One) Y N

May I leave a message on your voicemail? At home? (Circle One) Y N At work? Y N On your cell? Y N

May I email you? Y N

Please comment on any restrictions to above \_\_\_\_\_

When contacting you, is it permissible for me to make reference to appointment days/times or to leave a detailed message? Y N

#### Emergency Information

In case of emergency, contact:

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

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### Medical Information

Physician name \_\_\_\_\_ Phone \_\_\_\_\_

Psychiatrist name (If applicable) \_\_\_\_\_ Phone \_\_\_\_\_

Current Medications \_\_\_\_\_

Allergies \_\_\_\_\_

#### Employment Information (If client is a child, use parent's employment)

Place of employment \_\_\_\_\_ Position \_\_\_\_\_

Telephone \_\_\_\_\_ Hours at place of employment \_\_\_\_\_

Primary Concern:

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How long have you been having a difficult time or wanting to engage in therapy?

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How committed to the therapeutic process are you?

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What makes you happy in life?

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Tell us about your support systems. Who supports you?

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What excites you most about coming to Our Spoken Tapestry?

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What fears do you have about starting therapy?

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What do you hope to get out of therapy?

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If you had a magic wand to make your life exactly the way you envision, what would it look like?

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Previous Therapist(s)

Date(s) of Services

Phone

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Medical Problems and Dates:

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Medications

Dosage & Frequency

Start Date

Last Dose

MD

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Psychiatric Hospitalizations and Dates:

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Previous Diagnosis or Treatment for: Mood disturbance

Anxiety: \_\_\_\_\_

Depression: \_\_\_\_\_

Prior suicide attempts (Dates): \_\_\_\_\_ Method: \_\_\_\_\_

Prior acts of violence towards others (Dates): \_\_\_\_\_

Do you have current thoughts of suicide, self harm, or harm of others (if yes, please explain)?

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History/Past Tx of drug/alcohol abuse: Y/N\_\_\_\_ Current weekly amount of drug/alcohol use:

Other addiction issues (gambling, eating, sexual, spending, etc.) \_\_\_\_\_

History of arrests/jail time:\_\_\_\_\_

Are you on Probation/Parole? \_\_\_\_\_ County: \_\_\_\_\_

Trauma History (physical, emotional, sexual abuse, other):

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Rate problems or stressors (none, low, moderate, high or n/a):

Sleep \_\_\_\_\_

Job \_\_\_\_\_

Extended Family \_\_\_\_\_

Financial \_\_\_\_\_

Marriage/S.O. \_\_\_\_\_

Emotions/Mood \_\_\_\_\_

Parenting \_\_\_\_\_

Health \_\_\_\_\_

Social Support \_\_\_\_\_

Any other pertinent information you wish for us to know that will assist in our work with you:

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I, \_\_\_\_\_ attest that the above information is true and accurate to the best of my knowledge.

Client Signature: **X** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

(Parent or guardian should sign if client is under 18 years old)