

Ron Langer, MSW, LCSW, BCD

5105 DTC Parkway, Suite 320

Greenwood Village, CO 80111

(303) 753-1255

Date _____

Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work or Cell Phone _____

Date of Birth _____ Email _____

Person to Notify in Case of Emergency _____

Relationship _____ Phone _____

Referred by _____

May we call them to acknowledge the referral? Yes No

Please list all medications and supplements that you are taking:

<u>Medication</u>	<u>Dose/Frequency</u>	<u>Prescribed by</u>	<u>Reason</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have ever received psychotherapy or counseling before, please list:

<u>When</u>	<u>Why?</u>	<u>Who?</u>
_____	_____	_____
_____	_____	_____

Have there been any recent changes in your sleep or appetite? Yes No

Have you ever seriously considered or attempted to kill yourself or another person? Yes No

Are you thinking about it now? Yes No

Do you have easy access to firearms? Yes No

Have you ever had social, vocational, or legal difficulties to alcohol or drug use? Yes No