



BROWER
PSYCHOLOGICAL
POLICE & PUBLIC SAFETY SERVICES

Office phone: 720.222.3400
www.browerpsychological.com

Main Office:
The Quadrant
5445 DTC Pkwy., Suite 925
Greenwood Village, Colorado 80111

Satellite Location:
Regus Building
8354 Northfield Blvd., Suite 3700
Denver, Colorado 80238

PERSONAL INFORMATION/INTAKE

IDENTIFYING INFORMATION:

Client Name(s): _____

Guardian(s) / Parent(s) (if client is under 16 years of age): _____

Phone: (H) _____ (W) _____ (C) _____

Best hours to reach you: _____

Permanent Address: _____ City: _____ Zip: _____

Email: _____

In case of emergency contact: _____ Relation: _____

Address: _____ Phone: _____

How did you hear about Brower Psychological Services? _____

Date of birth of client: _____ Age: _____

Department affiliation: _____ Relationship to officer: _____

Occupation: _____

PREVIOUS COUNSELING:

____ Brover Psychological Services (dates: _____)

____ Private therapist (name: _____ dates: _____)

____ Drug/alcohol treatment (where: _____ dates: _____)

____ Other (specify: _____ dates: _____)

____ None

Reactions to previous counseling: _____

HEALTH:

Client's existing medical problems or current physical symptoms: (please describe)

List current medications: _____

Use of:

Alcohol: _____ how often: _____
Caffeine: _____ how often: _____
Tobacco: _____ how often: _____
Other drugs: _____ how often: _____ what types: _____

PLEASE STATE BRIEFLY WHAT YOU WOULD LIKE TO DISCUSS WITH A THERAPIST: _____

PLEASE CHECK ALL OF THE EXISTING SYMPTOMS OR PROBLEMS WHICH APPLY:

- sleep disturbance (specify) _____
- change in eating behavior (specify) _____
- phobias (specify fears) _____
- substance abuse(specify) _____
- chronic pain (specify) _____
- obsessive thoughts (specify) _____
- compulsive behavior (specify) _____
- learning disability (specify) _____
- parenting (specify) _____
- sexual dysfunction (specify) _____
- death of a loved one (specify) _____
- withdrawal
- weight change
- sexual orientation /sexual identity
- hyperactivity
- guilt, remorse, shame
- uncontrolled temper outburst
- depression
- physical violence
- sexual abuse memories
- abusive relationship
- suicidal thoughts
- hopelessness/helplessness
- uncontrolled / unprovoked crying
- missing school / work
- continuous anxiety / nervousness
- irritability
- panic attacks
- difficulty with decisions
- muscle tension
- chronic illness
- divorce
- headaches
- social anxiety
- self-doubts / low self-esteem
- stress
- attention / concentration problems
- assertiveness
- other (specify) _____

Signature: _____ Date: _____