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Boulder, Colorado 80302
(303) 449-7587

Date: _____

Name _____

Address _____

City, State, ZIP _____

Phone (home) _____ (work) _____

Cell _____ E-mail _____

Occupation _____

Referred by _____

Birthday ____/____/____ Birth place _____

Birth order _____

List older and younger siblings _____

Do you now or have you in the past had mental health challenges? _____

Please explain _____

Previous coaching or psychotherapy? _____

The outcome? _____

Approximate dates? _____

Family history of physical or mental illness? _____

Please explain _____

Primary stressors in your life? _____

Your current relationship? _____ since? _____

Emergency Contact: _____

I agree to provide a 24 hour notice of cancellation for scheduled appointments or else a full session fee will be charged.

This is NOT billable to insurance. Initial _____