

Danielle Vance MA, LPC
2839 Wyandot Street
Denver CO. 80211
P (303) 455-0277 VM (303) 948-0261

First-Contact Record

Date: _____ Time: _____ AM/PM

Identification:

Name of client: _____ Date of Birth: _____

Name of spouse/guardian/other: _____

Client's phone: _____ or _____ (home/work/day/evening)

Address: _____

City: _____ State: _____ Zip code: _____

Email Address: _____

Caller's name (if not the client): _____

Relationship to client: _____

Referral Source ("how did you get my name?"): _____

Can I contact this referral and thank them for the referral? Yes / No

Chief complaint (what brings you in today?):

What are your symptoms, and how long have they lasted?

What physical conditions might you contribute to any current symptoms?

Have you had a recent medical examination or medication evaluation?

What medications are you currently taking?

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Have you received prior treatment or therapy? If so when?

Any history of mental illness in your family of origin that you know about? _____

Have you ever been involved in a legal litigation? _____

What would you like to get out of therapy?

Any questions? _____

**This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.