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Couples' Information/Intake

Names: _____ Date: _____

Phones: _____

Address: _____

Emails: _____

Dates of Birth & Ages: _____

Person to notify in case of emergency: _____

Their Contact phone: _____

Medications: Are you taking any medications? Please list:

Please read the attached disclosure & policy statement. Your signature below confirms that you have read it and agree to its terms.

Signature: _____ Date: _____

Signature: _____ Date: _____,