



ADULT INFORMATION SHEET

Please **PRINT**

Date _____

To our prospective clients: Please be aware that your counseling services are being provided by Denver Seminary students who are in training. As a result, **we cannot offer counseling services to anyone who is seeking counseling as a result of, in anticipation of, or in conjunction with, any legal or court related issues - past, current, or pending.** If this is the case, please let the counselor know immediately and they will provide you with a referral. Denver Counseling Center does not discriminate on the basis of occupation, age, marital status, biological sex, gender identity, sexual orientation, ethnicity or faith/church commitment.

Name: _____ Primary Phone: _____

Address: _____
Street City County State Zip

Occupation: _____
Title Company Phone

Birth Date: _____ Age: _____ Birth order in family: _____

Ok to email for scheduling? Yes No If yes, email address: _____

Marital Status:	Single	Married	Widowed	Divorced	Separated	Engaged
Sex:	Female	Male	Other:			
Gender:	Female	Male	Non-binary	Prefer to self-describe:		Prefer not to say
Sexual Orientation:	Straight/Heterosexual	Gay or Lesbian	Bisexual	Prefer to self-describe:		Prefer not to say
Race/Ethnicity:	African American/Black	Asian	Caucasian/White	Hispanic/Latino(a)	Native American	Other:

Immediate family members: Name Age Relationship to client

Emergency Contact:

Name Address Phone

Nearest relative or responsible party not living with client:

Name Address Phone

Are you currently taking any medication? Yes No

Physician: _____
Name Address Phone

List any Previous Counseling Experience _____

With the exception of child clients, I understand I should not bring children to the clinic and will make arrangements for their care during my sessions: _____ (Client's Initials)

Denver Counseling Center is not a Medicaid approved provider, therefore they cannot offer services to Medicaid recipients. I attest that I am not a Medicaid recipient: _____ (Client's Initials)

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