



DENVER SEMINARY
Shepherd's Gate Counseling Center

MINOR (under age 18) CLIENT INTAKE INFORMATION

Please be aware that your counseling services are being provided by 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.

PLEASE PRINT:

Minor's Name _____ Date: _____

Address: _____ Parent's Phone: _____
Street City County State Zip Code

Mother's Name Occupation Birth Date Day Phone

Father's Name Occupation Birth Date Day Phone

Name of nearest relative other than parent Address Phone

Minor's Birth date: _____ Age _____ and birth order in the family: _____

Sibling(s) name(s) and age(s) _____

Name of school: _____ Grade: _____

Ethnicity: African American/Black ___ Asian ___ Caucasian/White ___ Hispanic/Latino(a) ___ Native American ___ Other: _____

Physician's Name Address Phone

Medications presently taking and dosage:

List any previous counseling experience:

Counselor's Name Dates Address or Phone

Counselor's Name Dates Address or Phone

Are this minor's biological parents currently married to one another? Yes ___ No ___

If not, have both parents given consent for this counseling treatment? Yes ___ No ___

Church Affiliation: _____ Referred by: _____

Yearly (combined) household income (after taxes) is:

_____ \$20,000 or below _____ between \$20,000 and \$30,000 _____ between \$30,001-50,000 _____ over \$50,001
Pay \$5.00 each session pay \$10.00 each session pay \$15.00 each session pay \$25.00 each session

 Signature (Parent or Legal Guardian) Signature (Parent or Legal Guardian)

*Children 15 years of age and older can seek counseling on their own and sign all paperwork. Though, parent involvement for children under the age of 18 is strongly encouraged.