



MINOR (under age 18) CLIENT INFORMATION

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.

PLEASE PRINT:

Minor's Name _____ Date: _____

Address: _____ Parent's Phone: _____
Street City 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 Birthdate: _____ Age _____ Birth Order in the Family: _____

Sibling(s) name (s) and ages(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: _____

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.