

CLIENT INFORMATION FORM

Sharon DeGuevara Counseling, LLC
(303) 345-1157

www.SharonDeGuevara.com

8 W. Dry Creek Circle, Suite 207
Littleton, Colorado 80120

Name: _____

Parent(s) name (if client is under the age of 18): _____

Address: _____

Phone: H () _____ W () _____ C () _____

Email Address: _____

Date of Birth: _____ Age: _____ Relationship Status (if applicable): _____

Referred by: _____

Please state in your own words what difficulty brings you to counseling.

Any prior counseling experience? If so, was it helpful?

In case of an emergency, contact:

Name _____ Relationship _____

Address _____

Phone _____

I have received copies of the Professional Disclosure/Informed Consent and Privacy Forms of Sharon DeGuevara, MSW, LCSW.

Client Signature (12 or over)

Date

If a Minor (under 18) - Parent/Guardian Signature

Date