



Denver Psychotherapy and Consultation Services, LLC®

Resources for Personal and Professional Growth™

Noeticus Counseling Center and Training Institute®

Innovative Approaches to Counseling and Change™



CLIENT FACE SHEET

Full Legal Name: _____ Record Number: _____

Preferred Name _____ Date: _____

Home Phone: _____ Cell Phone: _____

- Is it acceptable to leave a message at this phone number? Yes No

Email Address: _____

Address / PO Box: _____

City: _____ State: _____ ZIP: _____

- Is it acceptable to send mail to this address? Yes No

Date of Birth: _____ Age: _____ Gender: _____

Place of Work: _____ Occupation: _____

Work Address / PO Box: _____

City: _____ State: _____ ZIP: _____

Work Phone: _____ Work Fax: _____

Estimated Salary: Monthly Annual: \$ _____

Name of Spouse / Partner / Significant Other: _____

Emergency Contact: _____ Relationship: _____

Address / PO Box: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

Payment Source: Private Victim's Comp Insurance _____ Other: _____

Does your health insurance cover mental health or substance abuse services? Yes No

How did you hear about these services? _____

In general, what are your reasons for seeking therapy now? _____

Admin: DB PDA DOB Last Update 8/24/2007

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