

Whole Child Whole Adult Counseling PLLC

Eldridge Greer, Ph.D.

3700 Quebec St. #100

Denver, CO 80207

720-207-8484

wholechildwholeadult@gmail.com

New Client Intake Paperwork

I look forward to getting to know you better and beginning our counseling relationship. At Whole Child Whole Adult Counseling we strive to be highly culturally humble, culturally respectful and culturally competent. I will make every effort to ensure you are treated with respect and dignity and that all aspects of your identity (e.g., race, gender, class, LGBTQIA status, etc.) are viewed from a place of strength.

To ensure that our first meeting is productive, please save the document on your computer, fully answer the questions below and then send back to me at **XXX**. Contact me at wholechildwholeadult@gmail.com if you have any questions or challenges with completing the form.

Your Name:

Today's Date:

Date of Birth (MM/DD/YYYY):

Age:

Mailing Address:

Phone Number:

Is it OK to email you regarding scheduling appointments? (Yes or No):

What is your relationship status?

What are your strengths?:

What are your expectations for counseling? How do you want to grow?

Have you participated in counseling in the past?

Are there any concerns you have about participating in counseling that you would want me to know about?

Are you taking any current prescribed medications? If yes, please note the medication name and dosage amount:

Name and Phone Number of
your Primary Care Physician

Is it OK to contact your Primary
Care PHysician regarding
treatment (Yes or No)?