

CLIENT INFORMATION  
Children/Adolescents

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Name/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

H( ) \_\_\_\_\_; W( ) \_\_\_\_\_; C( ) \_\_\_\_\_

Marital Status: Married Separated Divorced Single Widow(er) Living-together

Siblings/Step-brother/Step-sister \_\_\_\_\_

How were you referred? Website Friend Professional Other \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ ID: \_\_\_\_\_

Group # \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder (if other than self) \_\_\_\_\_ DOB \_\_\_\_\_

Current Medication/dosage: \_\_\_\_\_

Prescribed by: \_\_\_\_\_

Primary Issues/concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Credit? Debit card payment \_\_\_\_\_ (initial)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

