

Client Information

All information will be kept confidential.

Today's Date: _____

Client (child/teen) Name: _____

Parent/Guardian Name: _____

Home Address: Street: _____ City, Zip: _____ May I send you mail here? Y N

Phone Numbers: May I leave a message at this number? Day: _____ Y N Evening: _____ Y N Cell: _____ Y N
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Email Address: (may I email you? Y N) _____

How do you prefer to be contacted: _____

Person to contact in case of emergency:

Emergency Contact: _____ Phone: _____

Relationship to client: _____

Who referred you to this office? _____

May I call and thank them? Y N

Please complete the following two pages with as much information as possible.

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Client (child/teen) Information

Child/teen Name: _____

Age: _____ Birth Date: _____ Birth Place: _____

School: _____ Grade: _____

How are you doing in school? _____

Do you like school? _____

Other activities involved in: _____

Current Living Situation (i.e. full time one home, one week with mom/one with dad, etc.)

Have you (child/teen) ever been in counseling? Y N If Yes, when? _____

Counselor's Name: _____

Reason: _____

Was it helpful? _____

Please list any medications (prescription or non-prescription) you (child/teen) are currently taking:

Name	Dose	Reason	Length of Time on

Siblings (if any):

First Name	Age	Gender	Full/half/step sibling?	Living with you?

Please list any important people (other than biological parents) in your (child/teen's) life:

Parent Information

Mother's Name: _____ Current Age: _____
Occupation: _____ Education: _____
Place of Birth: _____ Religious Affiliation (if any) _____
History of mental illness? Y N _____
History of drug/alcohol abuse? Y N _____
Relationship Status: _____
Living with child/teen? Y N _____ How is relationship? _____
Who lives in this household? _____

Father's Name: _____ Current Age: _____
Occupation: _____ Education: _____
Place of Birth: _____ Religious Affiliation (if any) _____
History of mental illness? Y N _____
History of drug/alcohol abuse? Y N _____
Relationship Status: _____
Living with child/teen? Y N _____ How is relationship? _____
Who lives in this household? (if different than above) _____

Why are you seeking help?

Feel free to write anything else you'd like me to know on an additional piece of paper, or on the backside of this one.

Thank You.