

Client Information Form – Child / Adolescent

Personal Information

Client's Name: _____ Date of Birth: _____

Age: _____ Gender: _____ Social Security #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent Name: _____ Mother Father Other _____

Home Address (if different from child's): _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Home Cell Work OK to leave message

Phone 2: _____ Home Cell Work OK to leave message

Parent Name: _____ Mother Father Other _____

Home Address (if different from child's): _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Home Cell Work OK to leave message

Phone 2: _____ Home Cell Work OK to leave message

Emergency Contact Information

Name: _____ Relationship: _____

Phone: _____ Home Cell Work

Insurance Information Please complete this section if you are planning to use private insurance for payment

Primary Insurance Company: _____

Name of Insured: _____ Insured's Date of Birth: _____

Insured's SS #: _____ Insured's Employer: _____

Subscriber/ID #: _____ Group #: _____

Secondary Insurance Company: _____

Name of Insured: _____ Insured's Date of Birth: _____

Insured's SS #: _____ Insured's Employer: _____

Subscriber/ID #: _____ Group #: _____