

Child or Adolescent Information Form

Child's Name _____ Birthdate _____

Parent's/Guardians' Name _____
Home Phone _____

Address _____ Work Phone _____
Cell Phone _____

Parent's Name _____ Home Phone _____

Address _____ Work Phone _____

Email Address: _____ - _____
Cell phone _____

Status Of Parents: ___ Married ___ Divorced ___ Separated ___ Widowed

School _____ Phone _____

Teacher or Contact Person: _____ Phone _____

Insurance Company (if using insurance) : _____

Address: _____

I.D. # _____ Insured's Name: _____

Employer: _____ Insurance Co. Phone : _____

Referred by; _____

Reasons for entering into therapy _____

Any medications: _____

Any other
information _____