

PATHWAYS COUNSELING SOLUTIONS, PLLC

Child Contact Form

Client Name: _____ Date: _____
Legal Name (if different): _____
Address: _____ Date of Birth: _____
City: _____ State: _____ Zip: _____ Gender: M F Age: _____

Insurance Information

Primary Health Insurance: _____ Subscriber Name: _____
Relationship to Subscriber: _____ Subscriber Date of Birth: _____
ID number: _____ Group/Policy #: _____

Additional Health Insurance: _____ Subscriber Name: _____
Relationship to Subscriber: _____ Subscriber Date of Birth: _____
ID number: _____ Group/Policy #: _____
Type of Additional Coverage: Secondary EAP (Employee Assistance Program)

Financial Guarantor (Financially Responsible Person) Information

Name: _____ Relationship: _____
Address: _____ Date of Birth: _____
City: _____ State: _____ Zip: _____

Contact Information

Please complete information and check boxes below where relevant or available

Legal Guardian?		Phone Messages OK?	
		Yes	No
<input type="checkbox"/>	Mother's Name _____ Home Phone () _____ Work Phone () _____ Cell Phone () _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Father's Name _____ Home Phone () _____ Work Phone () _____ Cell Phone () _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Step-Mother's Name _____ Contact # () _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Step-Father's Name _____ Contact # () _____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Non Parent Legal Guardian's Name _____ Relationship to youth: _____ Contact # () _____ Youth (client) Contact # () _____	<input type="checkbox"/>	<input type="checkbox"/>

Emergency Contact Information (other than the people noted above)

Name _____ Home Phone () _____
Work Phone () _____ Cell Phone () _____
Relationship to child: _____

Primary Care Physician Information

Current Physician _____
Physician Address _____
Physician Phone () _____ Physician Fax () _____

School Information

Current School _____ Primary teacher's name _____
Main contact at school _____ School phone number () _____