

**CHILD OR ADOLESCENT CLIENT INFORMATION**

Client Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ M F  
Address: \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Client's School District & School Name: \_\_\_\_\_  
\_\_\_\_\_

**First Parent/Guardian Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Relationship to client: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Is it ok to text this number? Yes No  
Other Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
Parent Marital Status: S M D Other \_\_\_\_\_  
Parent Employer Name & Work Phone: \_\_\_\_\_  
\_\_\_\_\_

**Second Parent/Guardian Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Relationship to client: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Cell Phone: (\_\_\_\_) \_\_\_\_\_ Is it ok to text this number? Yes No  
Other Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
Parent Marital Status: S M D Other \_\_\_\_\_  
Parent Employer Name & Work Phone: \_\_\_\_\_  
\_\_\_\_\_

How were you referred to me?  
\_\_\_\_\_

Please state briefly what you would like help with or why you were referred:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the names of any current medications and what they are prescribed for:  
\_\_\_\_\_  
\_\_\_\_\_

Please list any allergies or diagnoses that I should be aware of:  
\_\_\_\_\_

Please list all people living in the home, starting with the client. Please use the back of this page if needed.

Name:	Age:	Relation to Client:

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