



748 Holcomb Bridge Road
Norcross, Georgia 30071
(770) 492-0005 (Office)

CLIENT INFORMATION FORM

Date: _____

Name: _____

Birth date: _____ Age: ____ Sex: M____ F____

Parent(s) Name: _____

Cellphone: _____ Work Telephone: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email: _____

School: _____ Tel#: _____

Address: _____

Teacher: _____

Insurance Co.: _____

Insurance ID: _____

Primary Insured Name: _____

Pediatrician: _____ Tel# _____

Address: _____

Is your child being treated for any medical conditions: _____ Yes _____ No

Medical Conditions: _____

Is your child taking any medications: _____ Yes _____ No

Medication(s) and Dose: _____

Prescribing Doctor: _____ Tel# _____

Address: _____

Reason your child is being seen today: _____

Has your child been seen for these difficulties before: _____ Yes _____ No

If "Yes" when/where _____

Signature of Parent/Responsible Party

Date