

**Parent/Guardian Information Form**

Date: \_\_\_\_\_ Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Other Phone: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Please choose one (1) option for appointment reminder:

Text (\_\_\_\_) \_\_\_\_\_  Voicemail (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Is there any parental history of family psychological/psychiatric concerns? If so, please specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is there any parental history of alcohol/substance abuse? If so, please specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is there any parental history of psychiatric/substance abuse treatment? If so, please specify when and what type:

\_\_\_\_\_  
\_\_\_\_\_

Is there any parental use of medication for psychological concerns? If so, please specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you think you and your child have different goals for counseling at this time? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_