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CLIENT INFORMATION FORM

Name of client: _____

Sex of client: _____ Male _____ Female _____ Other

Date of birth: _____ / _____ / _____ Age: _____

Grade level of client (if applicable): _____

Name of client's parent/guardian (if applicable): _____

Address of client: _____

_____

Address of client's parent/guardian (if applicable): _____ Place an "X" here if same as above.

_____

_____

Billing address (including name of responsible party at billing address):

_____ Place an "X" here if same as above

_____

_____

Client's phone number:

(_____) _____

Client's/parent's/guardian's e-mail address: _____

Does client/parent/guardian check his/her e-mail on a regular basis (i.e., once a day)?

_____ Yes _____ No (NOTE: An e-mail address is helpful in the event appointments need to be rescheduled or other information is required from the client/parent/guardian or is to be communicated to these individuals. E-mail addresses will be kept confidential.)

Parent/guardian's work telephone number (if applicable):

Name of parent/guardian: _____

Work number: (_____) _____

Client's marital status: _____ Married _____ Separated _____ Divorced _____ Single

School client attends (if applicable): _____

Client's homeroom teacher (if applicable): _____

Client's physician/pediatrician: _____

Is client currently taking medication for mental health purposes? _____ Yes _____ No

If yes, type and dosage level of medication: _____

_____

INSURANCE INFORMATION (if applicable)

Primary insurance company name: _____

Name of insured: _____ Insured's date of birth: _____ / _____ / _____

Insured's address: _____

Insured's place of employment: _____

How is the client related to the insured? _____ Client is the insured _____ Client is spouse/partner of insured _____ Client is child of insured _____ Other

Insured's member or subscriber identification number on front of insurance card:

_____

Insured's group or account number on insurance card: _____