

Minor/Child Client Information Form

Last Name, First Name, MI: _____ Date: _____

Date of Birth: ___ / ___ / ___ Age: _____ Gender: Male Female

Mother's Name: _____ Father's Name: _____

Any Custody Arrangements: _____

Email: _____ May we email you**? Yes No

Please note: Email correspondence is **not considered to be a confidential medium of communication.

Cell Phone: (mom or dad) (____) _____ May we leave a message? Yes No

We have permission to send appointment reminders: by email? Yes No by text? Yes No

Street Address: _____

City: _____ State: _____ Zip/Postal code: _____

Home Phone: (____) _____ May we leave a message? Yes No

Work Phone: (____) _____ May we leave a message? Yes No

Parents Marital Status (circle one): Single / Married / Divorced / Legally Separated / Widowed

Emergency Contact/Relationship: _____ Phone: (____) _____

Financially Responsible Party (must sign Office Policies): _____

Primary Insurance: _____ Subscriber ID #: _____

Group/Plan #: _____ Provider Phone Number: (____) _____

Insurance Address: _____

City/State: _____ Zip code: _____

Employer who insurance is through: _____

Client's Relationship to Insured: _____ Insured name (if not client): _____

Insured SSN: -- -- _____ Insured Date of Birth: ___ / ___ / ___

Insured Address (if different) _____

Insured Phone Number (if different) _____

Secondary Insurance: _____	Subscriber ID #: _____
Group/Plan #: _____	Provider Phone Number: (____) _____
Insurance Address: _____	
City/State: _____	Zip code: _____
Employer who insurance is through: _____	
Client's Relationship to Insured: _____	Insured name: _____
Insured SSN: ____ -- ____ -- _____	Insured Date of Birth: ____ / ____ / _____

School: _____ Grade: _____

Medical Doctor: _____ Phone: (____) _____

Have you discussed these concerns with the child's doctor: _____

Have you previously received any type of mental health services (counseling, psychiatric services, etc)?

No Yes: Previous practitioner: _____

Are you currently taking any psychiatric or prescription medication?

No Yes: Please list: _____
