

## Client Information Form

### CHILD, ADOLESCENT, AND ADULT ASSESSMENT AND THERAPY SERVICES

Date: \_\_\_\_\_

Client's Name: (if minor put child's name): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ Special Placement: \_\_\_\_\_

#### **CONTACT INFORMATION FOR CLIENT, PARENT OR PRIMARY GUARDIAN:**

Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

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

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

***Phone Numbers: OK to leave a message (please circle yes no)***

Cell Phone: \_\_\_\_\_ **Y N** Home Phone: \_\_\_\_\_ **Y N**

Work Phone: \_\_\_\_\_ **Y N** Email Address: \_\_\_\_\_

(If minor) Minor's Cell Phone: \_\_\_\_\_ Minor's Email: \_\_\_\_\_

Marital Status of Client/Parents of Minor: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Single \_\_\_\_\_

Stepmother's Name: \_\_\_\_\_ Stepfather's Name: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Age: \_\_\_\_\_ Check if Half/Step: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Age: \_\_\_\_\_ Check if Half/Step: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Age: \_\_\_\_\_ Check if Half/Step: \_\_\_\_\_

Sibling Name: \_\_\_\_\_ Age: \_\_\_\_\_ Check if Half/Step: \_\_\_\_\_

# Client Information Form – cont'd

---

## **ADDITIONAL CONTACT INFORMATION FOR CLIENT, PARENT OR PRIMARY GUARDIAN:**

Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

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

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

***Additional Contact Phone Numbers: OK to leave a message (please circle yes no)***

Cell Phone: \_\_\_\_\_ Y N Home Phone: \_\_\_\_\_ Y N

Work Phone: \_\_\_\_\_ Y N Email Address: \_\_\_\_\_

## **PERSON TO CONTACT IN CASE OF AN EMERGENCY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

## **REASON FOR SERVICES:**

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

Primary Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List of any medications you are currently taking: \_\_\_\_\_

\_\_\_\_\_

## **HOBBIES, INTERESTS, AND STRENGTHS:**

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

Referred By: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_