



Client Information Sheet (Child/Adolescent)

Name: _____

D.O.B.: _____

Address: _____

City, State, Zip: _____

Phones: Home: (____)_____ Work: (____)_____ Cell: (____)_____

Preferred Contact(s): !Home !Work !Cell !Any Best time to call: _____

Occupation: _____ Employer/School: _____

Parent Information:

Name:	Name:
Address:	Address:
Phone:	Phone:
Mother: Bio Step Foster Adoptive Other Foster/Adopt/Step/Other – How Long?	Father: Bio Step Foster Adoptive Other Foster/Adopt/Step/Other – How Long?
*Has authority to make medical decisions?	*Has authority to make medical decisions?

*In cases of divorce, separation, or foster parents, additional documentation may be requested

How did you hear about us?
