CLIENT INFORMATION FORM

DATE: _____

NAME OF STUDENT | NICK NAME | AGE | DATE OF BIRTH | GRADE

ADDRESS OF STUDENT | CITY | STATE/ZIP CODE | HOME (and cell if appropriate)

NAME OF MOTHER | OCCUPATION (Please Specify) | BUSINESS PHONE / EXTENSION

MOTHER'S ADDRESS (If different) | CITY | STATE/ZIP CODE | HOME & CELL PHONE NUMBERS

NAME OF FATHER | OCCUPATION (Please Specify) | BUSINESS PHONE / EXTENSION

FATHER'S ADDRESS (If different) | CITY | STATE/ZIP CODE | HOME & CELL PHONE NUMBERS

MOTHER'S E-MAIL ADDRESS | FATHER'S E-MAIL ADDRESS | STUDENT E-MAIL ADDRESS

FAMILY FAX NUMBER | IS FAX NUMBER CONFIDENTIAL? YES_____ NO_____

STUDENT LIVES WITH: BOTH PARENTS_____/JUST MOTHER_____/JUST FATHER_____/OTHER_____

PARENTS MARRIED TO EACH OTHER:_____/DIVORCED_____/REMARRIED_____

CURRENT SCHOOL | CITY | STATE/ZIP CODE | SCHOOL PHONE NUMBER

NAME OF SCHOOL COUNSELOR | PHONE

HAS STUDENT SEEN A PSYCHOLOGIST FOR EVALUATION/THERAPY? YES_____ NO_____

NAME OF PSYCHOLOGIST | PHONE

STUDENT'S RELIGIOUS PREFERENCE (If any):_____

REFERRED TO OUR OFFICES BY:_____

BILLING NAME/ADDRESS | CITY | STATE/ZIP CODE | BILLING PHONE NUMBER / EXTENSION