CLIENT INFORMATION FORM

DATE: _____

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

ADDRESS OF STUDENT | CITY | STATE/ZIP CODE | STUDENT PHONE □home □cell

NAME OF PARENT or GUARDIAN (Relationship to student _____) | CELL PHONE □primary

OCCUPATION | PLACE OF EMPLOYMENT | WORK PHONE □primary

ADDRESS (If different from student's) | CITY | STATE /ZIP CODE | HOME PHONE □primary

NAME OF PARENT or GUARDIAN (Relationship to student _____) | CELL PHONE □primary

OCCUPATION | PLACE OF EMPLOYMENT | WORK PHONE □primary

ADDRESS (If different from student's) | CITY | STATE /ZIP CODE | HOME PHONE □primary

PARENT or GUARDIAN EMAIL ADDRESS(ES) | STUDENT EMAIL ADDRESS | FAX NUMBER

STUDENT LIVES WITH: □BOTH PARENTS □OTHER (please specify)_____

PARENTS or GUARDIANS ARE: □MARRIED (TO EACH OTHER) □SEPARATED □DIVORCED □REMARRIED

CURRENT SCHOOL | CITY | STATE SCHOOL | PHONE | SCHOOL COUNSELOR

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 / EXTENSION