



Child/Adolescent Registration

Client Information

Name of Client: _____

Date of Birth: _____ Sex: F M

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Parent/guardian telephone number: _____ (May I leave a message at this number? Yes No)

Alternative telephone number: _____

Email: _____

School: _____ Grade: _____

Counselor/teacher: _____ Phone number (if you are requesting that I exchange information with this person): _____

Emergency Contact: _____ Relationship to Client: _____

Telephone: _____ Address: _____

Current medications: _____

Referred by: _____

May I thank this person for referring you? Yes No

Parent/Guardian Information

Name of Parent/Guardian(s): _____

Date of Birth: _____ Sex: F M

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home telephone number: _____ (May I leave a message at this number? Yes No)

Alternative telephone number: _____

Email: _____

Name of Parent/Guardian: _____

Date of Birth: _____ Sex: F M

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home telephone number: _____ (May I leave a message at this number? Yes No)

Alternative telephone number: _____

Email: _____

Who does this child live with? _____ Relationship: _____

What is the custody arrangement for this minor client? (parents are married, sole, joint, guardianship, other?) _____

Family Information:

People living in the home:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Treatment Information:

Briefly describe your primary concerns related to your request for treatment:

To coordinate care may I exchange information with your child's PCP or Psychiatrist? If yes, please provide their full names and contact information:

Please list any other mental health professionals with whom your child is currently working who were not listed above:

Please list previous therapists and medical doctors your child has worked with:

Financial Information:

Responsible party:

Name: _____

Mailing Address: _____
