



**CLIENT INFORMATION SHEET
(CHILD/ADOLESCENT/DEPENDENT)**

Client Information

First Name: _____ **MI:** _____ **Home Phone:** _____
Last Name: _____ **Work Phone:** _____
Address: _____ **Cell/Pager:** _____
City: _____ **Sex:** ___M___F **Birth Date:** ___/___/___
State: _____ **Zip:** _____ **Soc. Sec. #:** _____-_____-_____

Responsible Party #1 (if other than client)

Name: _____ **Home Phone:** _____
Address: _____ **Work Phone:** _____
City: _____ **Sex:** _____M_____F
State: _____ **Zip:** _____ **Soc. Sec. #:** _____-_____-_____
Relationship: _____

Responsible Party #2 (if other than client)

Name: _____ **Home Phone:** _____
Address: _____ **Work Phone:** _____
City: _____ **Sex:** _____M_____F
State: _____ **Zip:** _____ **Soc. Sec. #:** _____-_____-_____
Relationship: _____

General Information

Emergency Contact: _____ **Phone:** _____
Relationship: _____

Referred By: _____
Previous Therapist: _____ **Address:** _____
School Counselor: _____ **School:** _____
Family Physician: _____ **Phone:** _____
Other Information: _____