

Client Information Form

Client Number: \_\_\_\_\_ Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Parent's Name (if under age 18): \_\_\_\_\_

Address, City, & State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth of Parent (if under age 18): \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Is it okay to leave a message on your home number? Yes or No

Is it okay to leave a message on your work number? Yes or No

Is it okay to leave a message on your cell phone number? Yes or No

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Insurance Company & ID #: \_\_\_\_\_

Is this an EAP Referral? If so, please list name of your EAP \_\_\_\_\_ . Please include your EAP authorization code, if applicable \_\_\_\_\_

Name of School Attend & Location: \_\_\_\_\_

Grade Level & Current Grades: \_\_\_\_\_

Please list any involvement in extra-curricular activities: \_\_\_\_\_

Please list the people living in your home (name, age, relationship to you): \_\_\_\_\_

\_\_\_\_\_

Reason for Appointment \_\_\_\_\_

\_\_\_\_\_

Referred by (if applicable): \_\_\_\_\_

Additional information that you believe might be helpful or important: \_\_\_\_\_

DI (therapist use only)/Additional Notes: