

CLIENT INFORMATION

Please complete as much as possible & give to front desk when finished – Thank you.
Today’s Date: _____

Child’s Legal Last Name: _____ First: _____

Female Male Transgender Other _____

Date of Birth: ____/____/____ Age: _____ SS#: _____

Race: White Black Hispanic Asian/Pacific Islander Other: _____

Primary Language: English Spanish Other: _____

Ethnicity: _____ Religion/Spiritual Beliefs: _____

Home Address: _____

Mailing Address: _____

Name of Legal Guardian: _____

Child Resides with: _____ Relationship: _____

Phone: Home: _____ Cell: _____ Work: _____

E-mail: _____

School District: _____ Childs Current Grade: _____

Living Situation: Parents Foster Care Other Relatives Crisis Residence Other: _____

Type of Residence: Private Foster Care Nursing Facility Homeless Community Residence

MOTHER’S INFORMATION

Name: _____

Maiden Name: _____ Date of Birth _____

Address (if different than child) _____

Telephone (Home) _____ (Cell) _____ (Work) _____ Ok to call? Yes No

FATHER’S INFORMATION

Name: _____ Date of Birth _____

Address (if different than child) _____

Telephone (Home) _____ (Cell) _____ (Work) _____ Ok to call? Yes No

Continue onto the back 

HEALTH INSURANCE

Name of Insurance Company: _____

ID# _____

Subscriber Name: _____

Subscriber Date of Birth: _____

EMERGENCY CONTACT

Name of Emergency Contact _____

Relationship: _____

Telephone (Home) _____ (Cell) _____ (Work) _____