

CLIENT INFORMATION SHEET - CHILD/ADOLESCENT

Today's Date: _____

Full Name: _____ Date of Birth: _____

Home Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ School: _____ Grade: _____

Teacher's Name: _____ School Contact: _____
(if elementary)

Client's Cell Phone _____ Client's Email _____

Mother's Name: _____ Place of Employment: _____

Father's Name: _____ Place of Employment: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Parents' Preferred Email _____

Other Persons Living in Home:

(Name)	(Age)	(Relationship to client)
_____	_____	_____
_____	_____	_____

Family Members Living Outside of Home:

_____	_____	_____
_____	_____	_____

If parents separated or divorced, noncustodial parent's address: _____

Home phone: _____

(OVER)

