Initial Date of Service:_____ DX:_____

SECTION I CLIENT INFORMATION

Child's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____

Cell Phone (_____) _____ Party _____

May we leave a message? □ Yes □ No May we send a reminder text? □ Yes □ No

Cell Phone (_____) _____ Party _____

May we leave a message? □ Yes □ No May we send a reminder text? □ Yes □ No

Date of Birth _____ Gender _____

School/Grade _____ □ F/T Student □ P/T Student

Referred by _____

SECTION II PARENT, GUARDIAN, AND FAMILY INFORMATION

Parents' Marital Status □ Single □ Married/Partnered □ Separated □ Divorced □ Widowed

Parent/Guardian 1

Name _____

Age _____

Occupation _____

Telephone _____

Parent/Guardian 2

Name _____

Age _____

Occupation _____

Telephone _____

Please describe custody arrangements (if applicable): _____

_____

Are there other relatives or adults that are important caretakers of your child (i.e. stepparent, significant other, grandparent, babysitter, etc.)? Please list:

Name Age Relationship

_____

_____

_____

Please list information about your child's brothers or sisters below (please include stepsiblings):

Name Age Relationship

_____

_____

_____

_____

Emergency Contact/ Relationship _____ Telephone _____

SECTION III INSURED INFORMATION (If Applicable)

Relation to client: □ Spouse/Partner □ Parent □ Other: _____ □ Self – Go to section IV

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

May we leave a message? □ Yes □ No May we leave a message? □ Yes □ No

May we send a reminder text? □ Yes □ No May we send a reminder text? □ Yes □ No

Date of Birth _____ Gender _____ Social Security Number _____

Employer _____

SECTION IV PRIMARY INSURANCE INFORMATION (If Applicable)

Please provide your insurance card and a photo ID to the receptionist

Insurance Company _____

Name of Policy Holder _____ Date of Birth _____

Is the patient covered by more than one insurance? □ Yes- Go to section V

□ No- Go to section VI

SECTION V SECONDARY INSURANCE INFORMATION (If Applicable)

Please provide your insurance card and a photo ID to the receptionist

Insurance Company _____

Name of Policy Holder _____ Date of Birth _____

SECTION VI RESPONSIBLE PARTY INFORMATION

Who is responsible for charges for this patient? □ Patient

□ Insured

□ Other- Please complete the following information

Responsible Person/Agency _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

May we leave a message? □ Yes □ No May we leave a message? □ Yes □ No

May we send a reminder text? □ Yes □ No