

Child Client Information Form (One per Child)

Identification of Client

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Client Soc. Sec. #: \_\_\_\_/\_\_\_\_/\_\_\_\_ Nick Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Can we send billing statements and other correspondence to this address? **Y / N** (circle one) If not, Where?

Child's School, Grade, and Current Teacher: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Soc. Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

**Mother's Phone #:** Home: \_\_\_\_\_ (May I call? **Y / N**) (May I text? **Y / N**) (Leave messages? **Y / N**)

Mother's Cell: \_\_\_\_\_ (May I call? **Y / N**) (May I text? **Y / N**) (Leave messages? **Y / N**)

Mother's Work # \_\_\_\_\_ (May I call? **Y / N**) (May I text? **Y / N**) (Leave messages? **Y / N**)

Mother's Employer: \_\_\_\_\_

\_\_\_\_\_ OK to be contacted through email. If so, please provide your email address: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ Soc. Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

**Father's Phone #:** Home: \_\_\_\_\_ (May I call? **Y / N**) (May I text? **Y / N**) (Leave messages? **Y / N**)

Father's Cell: \_\_\_\_\_ (May I call? **Y / N**) (May I text? **Y / N**) (Leave messages? **Y / N**)

Father's Work # \_\_\_\_\_ (May I call? **Y / N**) (May I text? **Y / N**) (Leave messages? **Y / N**)

Father's Employer: \_\_\_\_\_

\_\_\_\_\_ OK to be contacted through email. If so, please provide your email address: \_\_\_\_\_

**\*\* Copies of Legal Decision-Making and Parenting Time or any protective orders must be on record at Counseling Services of Arizona at first session**

**Person's Living in Household**

Name	Relationship	D.O.B.	Employer/School

Are parents divorced? **Y/N** (circle one) Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Court documents on file with CSA? **Y/N** (circle one)

If parents are not together, what is the Legal Decision-Making agreement? **Joint** \_\_\_\_\_ **Sole** \_\_\_\_\_

What are the Parenting Time arrangements? \_\_\_\_\_

**Child Information Form Cont'd**

Are there any current legal proceedings pending or anticipated in the future? **Y / N** (circle one) If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Are there any Protective Orders in place? **Y / N** (circle one) If yes, Please explain: \_\_\_\_\_

\_\_\_\_\_

Stepfather and/or Stepmother, (if applicable):

Stepfather: \_\_\_\_\_ Stepmother: \_\_\_\_\_

Is the child's other parent(s) aware the child will be having an intake with me? **Y / N** (circle one) If not, please explain:

\_\_\_\_\_

\_\_\_\_\_

Has the child ever been to counseling before? **Y / N** (circle one) If yes, please explain the circumstances and when:

\_\_\_\_\_

\_\_\_\_\_

Emergency Information

In case of emergency, please provide a contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Care: Please fill in all Information. Keep therapist updated on any medical or medicine changes.

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

List all medications currently taken: \_\_\_\_\_

\_\_\_\_\_

List any Psychiatric medications taken: \_\_\_\_\_

\_\_\_\_\_

I may ask to consult with your child's medical doctor so that he/she can be fully informed and we can coordinate your child's treatment if necessary? **Y / N** (Circle One)

Who will be financially responsible for the services provided to the child? \_\_\_\_\_

Authorization for Treatment:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Date

This is a strictly confidential client medical record. Redisclosure or transfer is expressly prohibited by law.