

## Child and Adolescent Counseling Registration / 3 pages

### 1) CHILD AND PARENT(S) INFORMATION

Child's Name	Mother's Home Phone
Date of Birth	Mother's email
Child's Street Address	Mother's Occupation
Child's City, State and Zip	Mother's Work Phone
Father's Name	Father's Cell Phone
Mother's Name	Father's Home Phone
Parents' Marital Status	Father's email
Step Parent's Name	Father's Occupation
Date of Separation or Divorce	Father's Work Phone
Mother's Cell Phone	

### 2) PEOPLE LIVING WITH YOU

Name	Relationship	Age	School /Grade

### 3) PARTY RESPONSIBLE FOR PAYMENT

Name	City, State, Zip
<input type="radio"/> Rest of the information is the same as above	Home Phone
Relationship	Cell Phone
Street Address	Email

\_\_\_\_\_  
Signature of Parent/Guardian / Date

#### 4) CHILD/ADOLESCENT MEDICAL CONDITIONS

List Allergies (food, plant, insect, etc)

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List Medical Conditions

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List Current Medications

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Has your child had any previous psychological testing?  Yes  No

IF YES: what were the findings?

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Has your child been hospitalized in the last year?  Yes  No

IF YES: for how long and why?

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Pediatrician / Doctor's Name and Phone Number

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#### 5) REFERRAL INFORMATION

It is my regular practice to thank those who refer clients to me.

Would you be willing to share their name?  Yes  No

Referred by

Family Member  Friend  Counselor  Physician  Agency  Church  Internet

Can I share your name with the person who referred you?  Yes  No

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Signature of Parent/Guardian / Date

**6) PRIMARY CONCERNS (Why you are seeking counseling?):**

Mother's Main Concern

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Father's Main Concern

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Guardian's Main Concern

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Child/Adolescent's Main Concern

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**7) ACKNOWLEDGE**

- ▶ I have received and read *From Within's* policy and procedure information / *please initial* \_\_\_\_\_
- ▶ I understand that all appointments not cancelled with 24 business hours notice will be charged a full counseling hour rate / *please initial* \_\_\_\_\_
- ▶ I understand that payment is due at the time of service / *please initial* \_\_\_\_\_

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Signature of Parent/Guardian / Date