



**CLIENT INFORMATION SHEET  
(CHILD/ADOLESCENT/DEPENDENT)**

**Client Information**

**First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Cell/Pager:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Sex:** \_\_\_M\_\_\_F **Birth Date:** \_\_\_/\_\_\_/\_\_\_  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Soc. Sec. #:** \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**Responsible Party #1 (if other than client)**

**Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Sex:** \_\_\_\_\_M\_\_\_\_\_F  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Soc. Sec. #:** \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
**Relationship:** \_\_\_\_\_

**Responsible Party #2 (if other than client)**

**Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Sex:** \_\_\_\_\_M\_\_\_\_\_F  
**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Soc. Sec. #:** \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
**Relationship:** \_\_\_\_\_

**General Information**

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_

**Referred By:** \_\_\_\_\_  
**Previous Therapist:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**School Counselor:** \_\_\_\_\_ **School:** \_\_\_\_\_  
**Family Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Other Information:** \_\_\_\_\_