

CHILD/ADOLESCENT INFORMATION FORM
WESTERN PSYCHOLOGICAL AND COUNSELING SERVICES, P.C.

Date: _____

Name: _____ Date of Birth: _____ Gender: M F Age: _____ Social Security/ID # _____	In Care of: _____ Address: _____ City: _____ State: _____ Zip: _____
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Parent Contact Telephone Numbers

Please complete relevant information and check boxes of custodial parents or legal guardians.

<input type="checkbox"/> Mother's Name _____	Legal Guardian <input type="checkbox"/>	OK to leave message?
Home Phone () _____		<input type="checkbox"/>
Work Phone () _____ Cell Phone () _____		<input type="checkbox"/>
<input type="checkbox"/> Father's Name _____	Legal Guardian <input type="checkbox"/>	
Home Phone () _____		<input type="checkbox"/>
Work Phone () _____ Cell Phone () _____		<input type="checkbox"/>
<input type="checkbox"/> Step-Mother's Name _____	Legal Guardian <input type="checkbox"/>	
Home Phone () _____		<input type="checkbox"/>
Work Phone () _____ Cell Phone () _____		<input type="checkbox"/>
<input type="checkbox"/> Step-Father's Name _____	Legal Guardian <input type="checkbox"/>	
Home Phone () _____		<input type="checkbox"/>
Work Phone () _____ Cell Phone () _____		<input type="checkbox"/>
<input type="checkbox"/> Legal Guardian (if not listed above) _____	Legal Guardian <input type="checkbox"/>	
Home Phone () _____		<input type="checkbox"/>
Work Phone () _____ Cell Phone () _____		<input type="checkbox"/>

Emergency Contact Information (other than the person(s) noted above)

Name _____ Home Phone () _____
 Work Phone () _____ Cell Phone () _____
 Relationship to child: _____ **Legal Guardian**

Subscriber/Policy Holder's Name _____ **Employer** _____
 Social Security #/ID # _____ **OK to leave message?**
 Home Phone () _____ Cell () _____
 Relationship to Child _____ **Legal Guardian**

Primary Care Physician Information

Current Physician _____
 Physician Address _____
 Physician Phone () _____ Physician Fax () _____

School Information

Current School _____ Primary teacher's name _____
 Main contact at school _____ School phone number () _____

Employment Information

Adolescent's work place, if any _____
 Work phone number () _____

Provider Name: _____

Provider notes:
Init: _____

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