

Youth Information Form

Western Psychological and Counseling Services, P.C.

Name: _____

Date: _____

Address: _____

Date of Birth: ____/____/____

City: _____

Gender: M F Age: ____

Client number: _____

Parent/Legal Guardian Contact Phone Numbers

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

OK to leave message?

- Mother's Name: _____
- Home Phone: () _____
- Work Phone: () _____
- Cell Phone: () _____
- Father's Name: _____
- Home Phone: () _____
- Work Phone: () _____
- Cell Phone: () _____
- Step-Mother's Name: _____
- Home Phone: () _____
- Work Phone: () _____
- Cell Phone: () _____
- Step-Father's Name: _____
- Home Phone: () _____
- Work Phone: () _____
- Cell Phone: () _____
- Legal Guardian's Name: _____
- Home Phone: () _____
- Work Phone: () _____
- Cell Phone: () _____

Emergency Contact Information (other than the people noted above)

Name: _____ Home Phone: () _____

Work Phone: () _____ Cell Phone: () _____

Relationship to youth: _____

Primary Care Physician Information

Current Physician Name: _____

Physician Address: _____

Physician Phone: () _____ Fax: () _____

School Information

Current School: _____ Primary Teacher Name: _____

Main contact at school: _____ Phone: () _____

Referent information: Name: _____ Agency: _____

Phone: _____ Fax: _____

Presenting Problem:

Counselor initials: _____