

CLIENT INFORMATION RECORD - YOUTH

Today's Date: _____

Client's Name: _____

Phone: _____

Address: _____

Prefer: Texts Voicemail

City, ST, Zip: _____

Gender: M F **Age:** _____

Birth Date: _____

Parent/Guardian Please Complete:

Minor's School: _____

Father's Name: _____

Age: _____

Employer: _____

Contact Number: _____

Authorization to Disclose Information to Father? No Yes

Signature Date

Mother's Name: _____

Age: _____

Employer: _____

Contact Number: _____

Authorization to Disclose Information to Mother? No Yes

Signature Date

Client Lives With (Name and Relationship of all people in the household):

Referred by:

Person Responsible for Payment:

Name: _____

Payment Policy: Payment is the responsibility of the client or responsible party. Payment is requested at the time of service. Payment may be made by cash, check, or credit card. We would be happy to provide a detailed billing summary for you to submit to your insurance company for possible reimbursement.

If you are unable to keep a scheduled appointment, please cancel 24 hours in advance. Missed appointments will be billed to the client or responsible party.