

Pruett Counseling and Consulting, LLC
Information Form (Child)

PERSONAL INFORMATION

TODAY'S DATE

Name of Child			
<i>first</i>	<i>middle</i>	<i>last</i>	<i>preferred name</i>
Date of Birth	Age	School	Grade
Mother's Name		Father's Name	
Mother's Address		Father's Address	
<i>Street address</i>		<i>Street address</i>	
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>City</i>
Mother's Preferred Phone Number		Father's Preferred Phone Number	
Mother's Email Address		Father's Email Address	
Emergency Contact (Not parents)			
<i>Name</i>		<i>Relationship</i>	<i>Phone</i>
Custody Who has legal authority to make medical decisions?		Whom may we thank for referring you to PCandC?	
What issues are you hoping to address/resolve in therapy?			

Name

MEDICAL INFORMATION

Primary Care Physician <i>Name</i> <i>Phone</i>	Date of Last Visit <i>Month</i> <i>Year</i>
Psychiatrist <i>Name</i> <i>Phone</i>	Date of Last Visit <i>Month</i> <i>Year</i>

PAYMENT INFORMATION

Who Will be Responsible for Payment? <i>Name</i> <i>Phone</i> Responsible Party Email Address	Responsible Party Mailing address <i>Street Address</i> <i>City, State, Zip</i>
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INSURANCE INFORMATION

Insurance Company	Name of Insured/Relationship to Client
Group Number	Contract Number
Insured's Date of Birth	Insured's Employer

I affirm that all of the information given above is accurate and complete. If any of the above information changes, I affirm that I will update Pruett Counseling and Consulting as soon as possible.

Signature of Parent/Guardian (Typed name serves as signature)

Date