

Client's Name (First, MI, Last) _____ Date of Birth _____

Employer or School _____

Parent(s)/Guardian(s) (if applicable) _____

Address (street, city, state, zip) _____

Phone Numbers (H) _____ (C) _____ (W) _____

Email _____ Would you like email appointment reminders? Yes No

Emergency Contact Name _____ Phone _____

PLEASE COMPLETE IF YOU WOULD LIKE ME TO FILE FOR PAYMENT FROM YOUR INSURANCE CARRIER.

Insurance Carrier/Plan Name _____

Member ID _____ Group Number _____

Insured's Name (First, MI, Last) _____ Insured's Date of Birth _____

Insured Employer/School Name _____ Relation to Insured: Self Spouse Child

I authorize the release of any medical or other information necessary to process claims with the above carrier. I authorize payment of medical benefits to the supplier above for services provided.

Insured/Authorized Person's Signature _____ Date _____

Your behavioral, emotional, and other concerns:

Place a check beside any of the following affecting the client:

- | | |
|---|---|
| <input type="checkbox"/> Anger management problems | <input type="checkbox"/> Bedwetting |
| <input type="checkbox"/> Sleep disturbances | <input type="checkbox"/> Nightmares |
| <input type="checkbox"/> Excessive or easily crying | <input type="checkbox"/> Tantrums |
| <input type="checkbox"/> Excessive fears | <input type="checkbox"/> Thoughts/Actions toward hurting self or others |
| <input type="checkbox"/> Nervousness or anxiety | <input type="checkbox"/> Short attention span |
| <input type="checkbox"/> Excessive or unusual physical complaints | <input type="checkbox"/> Difficulty getting along with others |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Withdrawal from family/friends |

Please let me know the approximate time frame of any life events that may have affected the client:

- Death of family member (list relationships) _____
- Death of other important people (list relationships) _____
- Death of pet _____
- Separation/Divorce _____
- Move within the past 24 months _____
- Change in job or career (yours or other family members) _____
- Family financial problems _____
- Change in childcare (for child clients) _____
- Change in school (for child clients) _____