

CLIENT INFORMATION SHEET

Date: _____ Person Completing Form: _____

Client's Full Name: _____ Date of Birth: _____

Address: _____

Home Phone #: _____ Msg OK? Y / N Client's Cell #: _____ Msg OK? Y / N

Client's Email: _____

School/Employer: _____ Grade/Job: _____

Client's Primary Physician: _____ Phone #: _____

For minor children, please complete the following:

Who has legal custody of this child? _____

CUSTODIAL PARENT(S): (those living at address listed above)

Name: _____

Employer: _____ Job: _____

Work #: _____ Msg OK? (Y / N) Cell #: _____ Msg OK? (Y / N)

Email: _____ Relationship: _____

Name: _____

Employer: _____ Job: _____

Work #: _____ Msg OK? (Y / N) Cell #: _____ Msg OK? (Y / N)

Email: _____ Relationship: _____

List any other persons living in this home:

Name	Age	Relationship to Child	Present Health/Notes
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER PARENT(S): (those NOT living at address listed above)

Name: _____

Address: _____

Home Phone #: _____ Msg OK? (Y / N) Cell #: _____ Msg OK? (Y / N)

Email: _____ Relationship: _____

Name: _____

Address: _____

Home Phone #: _____ Msg OK? (Y / N) Cell #: _____ Msg OK? (Y / N)

Email: _____ Relationship: _____

List any other persons living in this home:

Name	Age	Relationship to Child	Present Health/Notes
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

