

Family Information Form

CLIENT INFORMATION

Client Name: _____ DOB: _____

Present School/Program: _____ Date of Entry: _____ Level/Grade: _____

Previous Schools/Programs: _____

Medications (if any) and dosages: _____

Therapist or school counselor: _____

FAMILY INFORMATION

Student lives with (check all that apply):

- Father
- Mother
- Guardian
- Spouse
- Stepfather
- Stepmother
- Other (Please Specify)

Check all that apply:

- Father is deceased
- Mother is deceased
- Father remarried
- Separated
- Parents divorced
- Parents separated
- Mother remarried
- Divorced

Father's Name and Address:

Mother's Name and Address:

Phone Number (s): _____

Phone Number (s): _____

Fax Number: _____

Fax Number: _____

Email (s)

Email (s)

If divorced, who has legal custody and/or decision making powers? _____

Party responsible for billing: _____

How did you hear about us?

If you haven't already done so, in a separate document please give any more background you feel would assist us. Please remember, full disclosure is very important.