



## Cameron Pediatric Counseling

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### Client Information Form

Today's Date: \_\_\_\_\_

**Client's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Preferred name/Nickname:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Client Home Address:** \_\_\_\_\_

**Client Home Phone Number:** \_(\_\_\_\_)\_\_\_\_\_ **Is this number a cell number?** Yes No

**Client Cell Number (if any):** \_(\_\_\_\_)\_\_\_\_\_

**Name of school attending:** \_\_\_\_\_

**Location/City:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Name(s) and Age(s) of Siblings (if any):** \_\_\_\_\_

#### Parent/Guardian Information:

**Mother's name:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Home phone:** \_(\_\_\_\_)\_\_\_\_\_ **Cell phone:** \_(\_\_\_\_)\_\_\_\_\_ **e-mail:** \_\_\_\_\_

**Step-father's name:** \_\_\_\_\_

**Father's name:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Home phone:** \_(\_\_\_\_)\_\_\_\_\_ **Cell phone:** \_(\_\_\_\_)\_\_\_\_\_ **e-mail:** \_\_\_\_\_

**Step-mother's name:** \_\_\_\_\_

**May we contact client's guardians at any/all of these numbers?** Yes No

**If no, please indicate which number(s) we may use to contact you:** \_(\_\_\_\_)\_\_\_\_\_



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For children, please describe any custody and visitation arrangements (if any):

\_\_\_\_\_  
\_\_\_\_\_

Court Information (if any): \_\_\_\_\_

Lawyer/GAL Name and Contact Information (if any): \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_

Relationship to the client: \_\_\_\_\_

Emergency Contact Phone Number: \_\_ (\_\_\_\_) \_\_\_\_\_ Is this a cell number?:  Yes  No

Significant Allergies/Medical Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Prescribing Doctor: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Location/City: \_\_\_\_\_

How did you hear about CPC?  CPC Website  Psychology Today  Facebook  School \_\_\_\_\_

PCP \_\_\_\_\_  Friend \_\_\_\_\_  Family Member \_\_\_\_\_  Counselor/Psychiatrists \_\_\_\_\_

Has the client received mental health services previously?  Yes  No

Briefly describe why you are seeking CPC's services at this time: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_