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CHILD/ADOLESCENT CLIENT INFORMATION

NAME OF CHILD	DOB	SEX	AGE	GRADE
HOME ADDRESS	CITY		STATE	ZIP
HOME PHONE #	CELL PHONE #		E-MAIL ADDRESS	
SCHOOL		GPA	AP, HONORS, SED, RSP CLASSES	
EXTRACURRICULAR ACTIVITIES AND AFTER-SCHOOL/WEEKEND COMMITMENTS				

NAME OF FATHER	DOB	SEX	AGE	MARITAL STATUS
HOME ADDRESS	CITY		STATE	ZIP
HOME PHONE #	WORK PHONE #		CELL PHONE #	
DL #	EDUCATION LEVEL		E-MAIL ADDRESS	
EMPLOYER	OCCUPATION		LENGTH OF EMPLOYMENT	
EMPLOYER'S ADDRESS	CITY		STATE	ZIP

NAME OF MOTHER	DOB	SEX	AGE	MARITAL STATUS
HOME ADDRESS	CITY		STATE	ZIP
HOME PHONE #	WORK PHONE #		CELL PHONE #	
DL #	EDUCATION LEVEL		E-MAIL ADDRESS	
EMPLOYER	OCCUPATION		LENGTH OF EMPLOYMENT	
EMPLOYER'S ADDRESS	CITY		STATE	ZIP

OTHER MEMBERS OF IMMEDIATE FAMILY		
NAME	AGE	RELATIONSHIP TO CLIENT
_____	_____	_____
_____	_____	_____

CHILD/ADOLESCENT CLIENT INFORMATION (P. 2)

PRIMARY INSURANCE CO.	INS. PHONE #	POLICY #	GROUP #
ADDRESS	CITY	STATE	ZIP
PRIMARY INSURED'S NAME	PRIMARY INSURED'S EMPLOYER		
PRIMARY INSURED'S SOCIAL SECURITY #		PRIMARY INSURED'S DATE OF BIRTH	

SECONDARY INSURANCE CO.	INS. PHONE #	POLICY #	GROUP #
ADDRESS	CITY	STATE	ZIP
SECONDARY INSURED'S NAME	SECONDARY INSURED'S EMPLOYER		
SECONDARY INSURED'S SOCIAL SECURITY #		SECONDARY INSURED'S DATE OF BIRTH	

DO YOU PLAN TO SEEK REIMBURSEMENT FROM YOUR INSURANCE COMPANY FOR OUR SESSIONS? <i>CIRCLE YOUR ANSWER BELOW:</i>
YES <i>(YOU WILL BE PROVIDED WITH A MONTHLY RECEIPT THAT YOU CAN PERSONALLY SUBMIT TO YOUR INSURANCE COMPANY)</i>
NO <i>(A MONTHLY RECEIPT WILL ONLY BE PROVIDED UPON REQUEST)</i>

REFERRED BY	CAN I SEND THIS PERSON A THANK YOU NOTE?
CONTACT IN EMERGENCY	RELATIONSHIP
	PHONE #