

## Minor Child Information

Name of Child:		Age	: Birthdate	;;	
Child's Gender: Female	_ Male	Social Securit	ry Number:		
Mother's Name		Father's Name			
Address:	Street		City		
Number	511661	τιρι. <del>π</del>	City	Σip	
Mother's Phone (h):	(w):		(cell):		
Occupation:	Em	ployer:			
Father's Phone (h):	(w):		(cell):		
Occupation:	Emp	loyer:			
Parent's Marital Status: _	_Single Mar	ried Separc	ited Divorce	.dWidowed	
Referred by:					
Emergency Contact:		Re	elationship:		
Phone (h):	(w):		(cell):		
	Family	•			
Number of children:	Age of the	oldest:	Age of the yo	ungest:	
	Children and oth	ers living with y	ou:		
Name		Age	Relo	ition	
Te your shild surrently und	lan a physician's	cana) If,	vac who?		

Reason?
Prescribed any medications? If yes, what medications?
Results?
Please state in a few words your reason for bringing your child to see a counselor at this time.
What have you been told is your child's main problem or diagnosis?
School your child attends: Grade: Teacher:
Describe any specific problems at school?
_
<del></del>